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Official Report of Debates (Hansard)

Wednesday 18 February 2015

Journal des débats (Hansard)

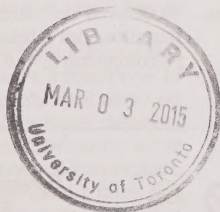
Mercredi 18 février 2015

**Select Committee
on Sexual Violence
and Harassment**

Organization

**Comité spécial de la violence
et du harcèlement
à caractère sexuel**

Organisation



Chair: Daiene Vernile
Clerk: William Short

Présidente : Daiene Vernile
Greffier : William Short

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

Wednesday 18 February 2015

COMITÉ SPÉCIAL DE LA VIOLENCE ET DU HARCÈLEMENT À CARACTÈRE SEXUEL

Mercredi 18 février 2015

The committee met at 1606 in committee room 1.

ORGANIZATION

The Chair (Ms. Daiene Vernile): Good afternoon, everyone, and welcome to the first meeting of the Select Committee on Sexual Violence and Harassment. I look around our table here and I see that we have a really interesting group, and I know that each one of you brings a diverse background. You have many skills and talents and we have some very important work that we need to tackle. As you know, the issue of sexual violence and harassment has been a front-burner issue in recent months. It's made headlines. We are all going to look at this issue and look for answers on why this is so pervasive in our society.

As we begin, I would just like to go over the mandate that was adopted on December 11, which reads:

"That a select committee be appointed to make recommendations to the Legislature with respect to prevention of sexual violence and harassment and to improving our response to Ontarians who have experienced sexual violence and harassment; and

"That the committee shall make efforts to include diverse voices, including those of young people, aboriginal people, visible minorities, LGBTQ, seniors and people with disabilities; and

"That the committee shall consider ways to shift social norms and other barriers which prevent people who have experienced sexual violence and harassment from coming forward."

Now I'd like to turn to you and to ask our members—may I begin with Laurie Scott, who is the Vice-Chair, and ask you if you have any thoughts that you'd like to share on the mandate?

Ms. Laurie Scott: I think that we were thinking that we'd have a general discussion. We have a broad type of mandate that's been put before us. Do you want me to get into details? Do you want me to just do a broad statement or are we going to have a discussion? Obviously, we're going to have to engage with the labour and workplace, with the policies that are in place now, and I think you have to look, of course, at the justice system also, because what we heard from both men and women is the coming forward and the comfortableness, if I can say, of bringing issues forward and then deciding whether they stay in the HR field or they call in the police—so that

type of area. And then, of course, prevention and education have to be looked at.

The Chair (Ms. Daiene Vernile): These are all worthwhile issues to consider.

Ms. Laurie Scott: I think that that's kind of the language that was used also when we were pushing for the select committee to come forward. Those were issues that we heard about the most to bring forward. Now, I'm not excluding; we can speak to who we'd like to see before committee. I don't know if we want to do this here or in a subcommittee, but those are just three broad headlines, if I can say, categories, that we should look at, and then maybe delve into other things that may occur. We might want to hear from different angles, from different issues that are maybe brought forward from either deputants that we've heard or from committee members that maybe already have some ideas of who they'd like to hear from.

The Chair (Ms. Daiene Vernile): Thank you. Do we have any other members who want to speak to our mandate? Yes, Mr. Hillier?

Mr. Randy Hillier: Thank you very much. Listen, I'm proud to be on this select committee. I think it's an important issue that needs to be examined thoughtfully and investigated thoroughly. Hopefully, we'll come up with some thoughtful solutions and recommendations to help mitigate, at the minimum, some of these problems that are so evident and that came to the fore in a very significant way in the media last year.

In addition to what my colleague Laurie has mentioned, we have done up some detailed points. Just going over the motion—and I'm glad to say that it certainly appears that the motion is sufficiently broad, and there's latitude included in the motion that doesn't constrain or restrict us too much.

But I think it might be worthwhile—I'll ask the Clerk to make some copies of some of these other detailed considerations that we'd like to have the committee just have awareness of some of the other details, and maybe, if it's in agreement with the committee, that that be appended to or included in Hansard as to some of the subjects that we would like to—

The Chair (Ms. Daiene Vernile): Mr. Hillier, if you would like to hand in those comments to our Clerk's office, we could make copies for everyone and we could share that.

Mr. Randy Hillier: Yes.

The Chair (Ms. Daiene Vernile): Do we have any comments from anyone else who would like to talk about our mandate—if you would like to see it expanded? Yes, Mrs. McGarry?

Mrs. Kathryn McGarry: Thank you, Chair. I think I would agree, actually, with Mr. Hillier that the mandate is fairly broad in its scope, because there are certainly other committees and other areas of work going on in our Legislature right now that are looking at it. I'm thinking about some of the reports that are coming forward shortly in March, particularly on some of these issues.

I think as we move forward and we hear from committee members and look at our mandate and see the work of what other committees are doing and what their goals are, it will help us to really define where we need to be moving in a general direction in this particular committee. I really see this work going on concurrently with a lot of the other committees that are here. But I think that it is good to start with something that's broad-based so that we can narrow down our work as we move along and see what direction we need to go in.

The Chair (Ms. Daiene Vernile): One comment that I have had regarding the groups that we'll be asking questions of is that perhaps, along with diverse voices, young people, aboriginals, visible minorities, LGBTQ, seniors and people with disabilities, we ought to be adding sex trade workers to the list. Is there anyone who would like to speak about that?

Ms. Laurie Scott: I think it's a pertinent issue. We have been discussing that possibility also, so we're very happy that you've brought that up to look at, especially in the recent light of press on human trafficking—that we should look at that.

The Chair (Ms. Daiene Vernile): Because they do experience violence.

Ms. Laurie Scott: Absolutely. It's a huge issue.

The Chair (Ms. Daiene Vernile): Okay. We are going to be passing a motion now for our subcommittee. Ms. McGarry is going to pass that.

Mrs. Kathryn McGarry: Thank you. I have a motion here regarding the appointment of the subcommittee on committee business.

I move that a subcommittee on committee business be appointed to meet from time to time at the call of the Chair, or at the request of any member thereof, to consider and report to the committee on the business of the committee; and

That the presence of all members of the subcommittee is necessary to constitute a meeting; and

That the subcommittee be composed of the following members: the Chair as Chair, Ms. Eleanor McMahon, Ms. Laurie Scott and Ms. Peggy Sattler; and

That substitution be permitted on the subcommittee.

The Chair (Ms. Daiene Vernile): Is there any discussion? Shall the motion carry? Carried.

Mr. Dong, I noticed you had your hand up earlier.

Mr. Han Dong: I have one more comment with regard to the mandate. I noticed the wording here, "visible minority." Is there a substitution for that? Are we speaking to the ethnic communities? Is that what we're

speaking to? I'm just thinking—for the consideration of the committee.

The Chair (Ms. Daiene Vernile): I'm going to ask our Clerk to speak to that.

The Clerk of the Committee (Mr. Trevor Day): The mandate, as written, was given by the House. Although the wording of the mandate cannot be changed except by the House, the interpretation of what you see before you is up to the committee. I'll make sure that you don't stray outside of it, but I don't see that as an issue right now. The mandate is given by the House, but the way you interpret what's here is totally up to the committee, barring going too far outside of it.

Mr. Han Dong: Okay.

The Chair (Ms. Daiene Vernile): One thing I would like to add is that we may have witnesses who come before us who are dealing with issues of sensitivity. We of course want to be sensitive to them, so I think that we need to have a common foundation of understanding on how we treat the folks who may come before us. I'm going to recommend that one of the first experts that we have speak to us be a person who will give us some understanding of proper language when we are dealing with people who may have sensitivity issues. Are we in agreement with that? Agreement? Okay.

We are now going to be deciding on issues of our budget. My question to you is: Do we do it with our full group here, or shall we meet as a subcommittee? Let me ask you: Shall we move forward in a subcommittee to talk about budget issues?

Ms. Laurie Scott: I think that's just a little easier, if a member from each party and the Chair in a subcommittee with the Clerk in the office meet to discuss budget and travel etc.

The Chair (Ms. Daiene Vernile): Ms. Scott, that recommendation will come out of your subcommittee and of course will be put to the full committee.

Ms. Laurie Scott: Yes, of course.

The Chair (Ms. Daiene Vernile): If there is no further business, we can adjourn. Any more questions?

Mr. Randy Hillier: Are we going to have that initial paperwork, then? Are you going to have that copied and distributed to the committee as well?

Interjection.

Mr. Randy Hillier: It's on its way. All right.

The Chair (Ms. Daiene Vernile): All right. Folks, thank you very much. I look forward to working with all of you. We have important work to do.

Ms. Peggy Sattler: Just in terms of the logistics, when does the subcommittee meet? Does it always meet in advance of this committee?

The Clerk of the Committee (Mr. Trevor Day): The subcommittee will meet at a time that's mutually agreeable to all three members. My office will schedule with the three subcommittee members to find a time that works for them. Once they've met, the committee will then receive the report at the next full meeting.

The Chair (Ms. Daiene Vernile): All right. Thank you, folks. We're adjourned until our next meeting.

The committee adjourned at 1618.

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Mr. Han Dong (Trinity–Spadina L)

Mr. Randy Hillier (Lanark–Frontenac–Lennox and Addington PC)

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Première session, 41^e législature

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Wednesday 25 February 2015

Select Committee
on Sexual Violence
and Harassment

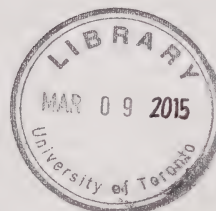
Committee business

Journal des débats (Hansard)

Mercredi 25 février 2015

Comité spécial de la violence
et du harcèlement
à caractère sexuel

Travaux du comité



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LEGISLATIVE ASSEMBLY OF ONTARIO

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SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

Wednesday 25 February 2015

COMITÉ SPÉCIAL DE LA VIOLENCE ET DU HARCÈLEMENT À CARACTÈRE SEXUEL

Mercredi 25 février 2015

The committee met at 1608 in committee room 1.

COMMITTEE BUSINESS

The Chair (Ms. Daiene Vernile): We shall call to order a meeting of the Select Committee on Sexual Violence and Harassment against women. Our first order of business is to have a report tabled by our subcommittee, so I would ask Ms. Scott to do that.

Ms. Laurie Scott: Sure. The report of the subcommittee is as follows:

Your subcommittee met on Tuesday, February 24, 2015, to consider the method of proceeding on its order of the House dated Thursday, December 11, 2014, and recommends the following:

(1) That the Chair write to the House leaders to request a one-month extension of the committee's interim report deadline.

(2) That, subject to witness response, the committee intends to travel to Windsor, Kitchener–Waterloo, Kingston, Thunder Bay, Sudbury, Ottawa and Moose Factory.

(3) That the committee schedule three days of travel during the constituency week of April 6, 2015, and three days of travel during the constituency week of May 18, 2015.

(4) That each member of the subcommittee provide the Clerk of the Committee with the name and contact information of an expert witness that they would like to invite to appear before committee—can I say “witnesses”?

Interjection.

Ms. Laurie Scott: Witnesses—okay.

(5) That the Chair write to the minister responsible for women's issues to request a copy of an Ontario Women's Directorate stakeholder list and the appropriate contact information to distribute the committee's notification of public hearings.

That's the end of the report.

The Chair (Ms. Daiene Vernile): Thank you, Ms. Scott. Now I'd like to open it up for discussion. Do we have any members who would like to comment on this?

Ms. McMahon, I understand you would like to move an amendment.

Ms. Eleanor McMahon: Yes. Thank you, Madam Chair. I do. I actually have two amendments.

The Clerk pro tem (Mr. Trevor Day): I'm going to hand the first one out regarding persons travelling with the committee.

Ms. Eleanor McMahon: Certainly. Staff?

The Clerk pro tem (Mr. Trevor Day): Staff.

Ms. Eleanor McMahon: Okay.

Thank you, Madam Chair. I shall now read the motion, which the Clerk is passing out.

I move that the committee authorize one staff person from each recognized party to travel with the committee, space permitting, and that reasonable expenses incurred for travel, accommodation and meals be paid for by the committee upon receipt of a properly filed expense claim.

Thank you, Madam Chair.

The Chair (Ms. Daiene Vernile): Thank you. Do we have some discussion on that? We have Ms. McMahon giving us a motion allowing all parties to have a staff person with them during our travels.

Mr. Randy Hillier: Chair?

The Chair (Ms. Daiene Vernile): Yes, Mr. Hillier?

Mr. Randy Hillier: Thank you, Chair. I've been on a number of committees over the years. I've not ever seen staff members come along on committee for travel. The Clerks' office and the research office do a pretty admirable job keeping us all informed, so I'm not quite sure what the rationale or the merit is to having staff travel and be included in this motion.

The Chair (Ms. Daiene Vernile): Would anyone like to speak to that?

Ms. Eleanor McMahon: I can speak to that. I welcome any comments from my colleagues, Madam Chair. It's a good question.

My understanding—and I'm new to this place—is that other committees that have travelled, including the Select Committee on Mental Health and Addictions, did have staff travelling with them as well. My understanding is that SCOFEA travels with staff, so I think there are precedents where staff travel, unless I'm incorrect. I welcome comments in this regard, but this is my understanding.

We tabled this motion in order to accommodate staff who will be there to assist us, as they do in the everyday functions of our work here at the Legislature.

The Chair (Ms. Daiene Vernile): Do we have any other comments? Yes, Mr. Hillier.

Mr. Randy Hillier: Maybe we could ask the Clerk one question, and one response back to the mover of the amendment. What is the historical record of staff attending and travelling with a select committee?

And then my other question, back to the mover of the amendment: Other than if it may have been done in the past, there would certainly be an added cost to this, to having staff travel. Like I said, on all my travels with committees we've never had staff.

So maybe the first part to the Clerk to respond?

Ms. Eleanor McMahon: Chair—

The Chair (Ms. Daiene Vernile): Yes, I recognize Ms. McMahon.

Ms. Eleanor McMahon: Thank you. We've got, on the one hand, your experience of never having staff and my experience, limited as it is, of having staff. I'm not here to be the arbiter of which of those experiences is more valid; I'm simply suggesting that staff are helpful. They help us in the execution of our activities. They keep notes. They keep records. I know we have legislative staff to do the same, but I think it's a bit like asking why we still have staff here.

I guess it would help me if you would articulate for me precisely what your concerns are in having staff along with us. That might help to get at why you're raising this as a particular concern.

The Chair (Ms. Daiene Vernile): Mr. Hillier?

Mr. Randy Hillier: Well, first off is, as I said, I've been on a lot of committees. I've never experienced that before. We've been able to conduct our business professionally and adequately at all times in the past with the assistance of the Clerks' office. I know that there's going to be added cost; whenever there's an added cost, I look to see what is going to be the added benefit to that added cost.

I guess I'll just go back to looking for—because the member mentioned that she's of the view that staff travels with committees. I haven't seen it, but maybe if the Clerks' office could give us some factual background—

Ms. Eleanor McMahon: Staff travels with SCOFEA.

The Chair (Ms. Daiene Vernile): We'll recognize Mrs. McGarry.

Mrs. Kathryn McGarry: Thank you, Chair. Through you: I have limited experience with travelling committees; however, I think that part of the work product that's coming out of this committee is an interim report to the House. I would think that staff was there to help take notes and to help to be there as part of the discussions, to be able to then help us out with our duties through there. I would have expected staff to be there simply because it's a select committee and we want to keep detailed notes of our travels to make that worthwhile in our report.

The Chair (Ms. Daiene Vernile): The Chair recognizes Ms. Jones.

Ms. Sylvia Jones: Thank you. If I can: I have participated in the last two select committees, and in both cases we didn't have additional staff. The researchers whom

we were provided with through the standard process of the committee were excellent and, I would suggest to you, based on the outcomes of both of those reports, more than adequate. If you speak to the members who participated, we did not have staff from the various parties participate or travel with us. It was strictly legislative research, the Clerk and Hansard.

The Chair (Ms. Daiene Vernile): The Chair recognizes Mrs. McGarry.

Mrs. Kathryn McGarry: Thank you, Chair. I think, certainly, that I'm fairly sensitive, because of my prior work as a nurse, dealing with some pretty sensitive issues in the emergency department and through the course of my nursing work, and I do recognize that some of the folks who are coming to speak to us—there's a fair bit of sensitivity through that.

When we were first talking at our first meeting, when we were talking about sensitivity training and if they would have to appear in front of all of us—if I recall correctly, we were talking about trying to be able to have private meetings with an individual if that was a little better. Through the course of the work, I just wondered if staff would be helpful to be able to record those kinds of things in a less obtrusive way when you're dealing with somebody sensitively.

I do know that, when people are trying to tell such an emotional story in a vulnerable situation—and I'm sure that Ms. Scott would recognize this, as well, in her previous work as a nurse—people want your undivided attention. They don't want you writing notes. They don't want you to be looking at your BlackBerry. I would prefer somebody recording some of that in a less obtrusive way. I'm just saying, with the sensitivity of the type of individuals that we're dealing with—it's not like a budget submission or anything else. These are deeply personal, vulnerable emotions that are coming forth from our witnesses. That's all I'm saying about that.

The Chair (Ms. Daiene Vernile): Thank you, Mrs. McGarry. For the record, just so that we all know, any staff travelling with us would not be there during in camera meetings; only during public meetings.

Ms. Jones, you had something else that you wanted to say?

Ms. Sylvia Jones: Yes, I just want to respond. Again, with the Select Committee on Mental Health and Addictions, there were some very personal, challenging stories that the committee heard. I think that we did a good job in respecting the deputants. Hansard does record all of it.

There was actually one example I can give you with the developmental select committee where a deputant requested that their presentation not be recorded on Hansard for public consumption. So there are opportunities and abilities for you as committee members to accommodate those unique requests for various reasons. Again, I would just encourage you to speak to the members who participated in those two select committees, because it did work and it wasn't related to outside staff.

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Having sat on a number of committees now—and I don't know this Erin personally, but I can tell you that the researchers who are provided for us are exemplary. We should tap into their abilities and use what is standard procedure.

The Chair (Ms. Daiene Vernile): Just another point that I'd like to make, and that is that in camera meetings are not recorded in Hansard.

Did we have someone else who wants to speak to this?

Mrs. Marie-France Lalonde: I don't know—maybe I missed this, but I was just wondering: I think there was a question to the Clerk to know the history. I was subbing on the finance committee and there were staff with us. So I just wanted to hear back what the Clerk has to say.

The Clerk pro tem (Mr. Trevor Day): The finance committee is one committee that does, during pre-budget consultations and through their subcommittee report, in I'd say the last four or five years now, normally allow for one staff member per party to travel along with the committee at the committee's expense. But it is the Standing Committee on Finance and Economic Affairs during pre-budget consultations.

Mr. Randy Hillier: Is that the only committee?

The Clerk pro tem (Mr. Trevor Day): I'd say, with any regularity, yes, that is the—

Ms. Sylvia Jones: And only for pre-budget hearings.

The Clerk pro tem (Mr. Trevor Day): Yes, and only for pre-budget hearings.

Ms. Sylvia Jones: All the other work of SCOFEA doesn't have that.

The Chair (Ms. Daiene Vernile): Should we ask our legislative researcher, perhaps, to reply to us to get us some information on that to see if there are other committees that do travel and if they do have staff assigned?

Interjection.

The Chair (Ms. Daiene Vernile): We do have a motion. Yes, Mr. Dong.

Mr. Han Dong: I just want to speak to this very quickly. I look around at this side of the committee, and I see that if we need to compare the amount of experience in committee, there isn't a comparison. I respect the fact that the members across have more extensive experience on committees. So if you are telling me that it's your experience that the staff are not necessary, then I have nothing to compare it to.

However, I look at the complexity of this issue; the demographics and the community that we're looking to cover is pretty unique. It's very different than standard government operating—you know, where we share all the estimates; or public accounts, where you have time to study the thing. So I think it will be very helpful to have the staff coming along with us.

Then I looked at the budget. I'm thinking about the actual cost. We can sit here and debate back and forth. I don't know what the cost is for that additional staff per party, but I wonder, given the benefit, is it worthwhile for us to go on back and disagree with each other on one staff per party?

That's it.

The Chair (Ms. Daiene Vernile): Any further debate? Mr. Hillier.

Mr. Randy Hillier: Yes. I don't want to belabour the point, but I'll just restate: When the committee is having public hearings, Hansard records everything. We have complete, detailed, factual notes and comments to refer to. When and if the committee meets in camera, there are no other staff allowed. Accommodations can be made for Hansard not to record that; however, the staff would not be able to provide any assistance there.

I'm not going to continue on the discussion. That's my position. I just don't see much benefit to it.

The Chair (Ms. Daiene Vernile): Just to clarify, legislative research will be there in camera, but no one else besides the committee.

Mr. Randy Hillier: But not staff.

The Chair (Ms. Daiene Vernile): Yes, Ms. Scott.

Ms. Laurie Scott: Again, I don't want to belabour this either, but I know there are a lot of new committee members and I'm totally appreciative of that. The Hansard-taking is good to refer to. Research does a great job. When we come back for report writing too, they do the drafts that we see, so there's lots of time to come back to deputations to have input from everyone.

It is tough, the deputations we will hear. I asked Ms. Jones to come down to committee today just because she's been on two select committees of sensitive natures and similar to what we're going to hear.

So I just want to reassure you that it's an added cost that I don't think you actually need, and I just wanted to make you feel comfortable that you've got backup in research, you've got Hansard where possible, and we collectively do the report writing. We can ask people to come back to clarify things to committee if we need to. I just want to kind of put that out as, can I say, a comfort call out there. There's lots of backup. It's just a cost that, I think, we don't need to incur.

The Chair (Ms. Daiene Vernile): Yes, Ms. Jones?

Ms. Sylvia Jones: I was just going to say, if you're concerned about the deputations and their comfort level, I think that you should also be thinking about how comfortable they are going to be with a lot of additional people in the room that they don't know what their role is. The Chair will very ably explain what the role of Hansard and the Clerk and the research is, and it might actually increase the comfort level if there are fewer people, visually, there.

The Chair (Ms. Daiene Vernile): And again to stress, if there are people who are concerned about sensitivity, they have the option of going in camera.

Ms. Sylvia Jones: They do.

The Chair (Ms. Daiene Vernile): And in camera, we won't have all of these extra people there.

Ms. Sylvia Jones: Yes. You have to make, obviously, those requests prior to your presentation beginning. But again, I can tell you from personal experience that we had to deal with that as a committee, where some requests, because of the sensitive nature of the mental

health and addictions issues that they wanted to raise—they very specifically requested that Hansard not be taken for their deputation, but still felt strongly enough about the issue that they were prepared to come before committee.

The Chair (Ms. Daiene Vernile): Ms. Lalonde.

Mrs. Marie-France Lalonde: I know we can probably go on, and I would suggest that maybe we take a vote on this, if that's all right with everyone?

The Chair (Ms. Daiene Vernile): Are the members ready to vote? Just so that we know what we are voting on, there is an amendment to the subcommittee report. It reads: "That the committee authorize one staff person from each recognized party to travel with the committee"—

Mr. Randy Hillier: Chair?

The Chair (Ms. Daiene Vernile): I'm just going to finish this—"space permitting, and that reasonable expenses incurred for travel, accommodation and meals be paid for by the committee upon receipt of a properly filed expense claim."

Mr. Hillier, you wanted to speak to this?

Mr. Randy Hillier: Chair, could I ask for a 10-minute recess, please?

The Chair (Ms. Daiene Vernile): Yes.

The committee recessed from 1629 to 1639.

The Chair (Ms. Daiene Vernile): Welcome back, committee members. We are now prepared to vote on a motion that was brought forward by Ms. McMahon.

Mr. Randy Hillier: Just a point of order: Because we have new people on the committee, I just wanted to let people know that amendments can be withdrawn before they're voted upon—

The Clerk pro tem (Mr. Trevor Day): Not now.

Mr. Randy Hillier: Not in a select committee?

The Clerk pro tem (Mr. Trevor Day): By requesting the recess, we are now into the voting procedure.

Mr. Randy Hillier: Okay. As a general rule, we can.

Ms. Laurie Scott: Can I make a comment before the vote?

Interjection.

Ms. Laurie Scott: Okay. Can I ask for a recorded vote, then, if I can't make a comment before the vote?

The Clerk pro tem (Mr. Trevor Day): Sure.

The Chair (Ms. Daiene Vernile): So we are now going to be having a recorded vote on the motion brought forward by Ms. McMahon.

Ayes

Dong, Lalonde, Malhi, McGarry, McMahon, Natyshak, Sattler.

Nays

Hillier, Scott.

The Chair (Ms. Daiene Vernile): The motion is carried. Now, is there any further debate on any issues? Yes, Ms. McMahon.

Ms. Eleanor McMahon: Chair, I have another amendment to the subcommittee, if I may.

The Chair (Ms. Daiene Vernile): Please read it.

Ms. Eleanor McMahon: In doing so, Madam Chair, I propose to, on the subcommittee report, replace items 4 and 5 of that subcommittee report with the following motion:

I move that,

The committee identify, by consensus, six expert witnesses to act as advisors to the committee; and

That the expert witnesses may be called on by the committee, on an as-needed basis, to provide their guidance and perspective on the issues before the committee; and

That the expert witnesses may be invited to appear as a group before the committee in Toronto, either in person or by teleconference, but will not travel with the committee; and

That the expert witnesses may be reimbursed for any reasonable costs associated with their appearance, subject to the approval of the Board of Internal Economy pursuant to standing order 122(c).

The Chair (Ms. Daiene Vernile): Thank you. So, just to be clear, you are suggesting that we strike 4 and 5 and replace it with the amendment you have just read?

Ms. Eleanor McMahon: That is correct.

The Chair (Ms. Daiene Vernile): Do we have any discussion? Yes, Ms. Sattler.

Ms. Peggy Sattler: Can I just ask a point of order? The subcommittee report is reporting on what we decided yesterday. Can we make amendments to what we decided yesterday?

The Clerk pro tem (Mr. Trevor Day): The subcommittee report is a recommendation by the subcommittee—members of each—to the full committee. This is the opportunity for the full committee to adopt that report or to make changes to make it more adoptable by the committee.

Ms. Peggy Sattler: Before it gets adopted, okay. So if those changes are made, the opening line no longer is true, then: "Your subcommittee met on Tuesday and recommends the following...."

The Clerk pro tem (Mr. Trevor Day): The committee still recommended the opening, its initial version, and the committee has now—the minutes will reflect what was initially recommended and then how it was amended throughout.

Ms. Peggy Sattler: Oh, okay. I got it. Thank you.

The Chair (Ms. Daiene Vernile): Any more discussion? Yes, Mr. Hillier.

Mr. Randy Hillier: I'm somewhat surprised reading this through. Again, we're seeing some things happening that I've not seen before. This committee is, by its very definition, an advisory panel to the House. We make recommendations to the House under the instructions and the mandate from the House. To see that we're going to

mirror this committee with another advisory panel of six—I've not ever seen that. I've never even seen it mentioned in the standing orders that an advisory panel to a committee has ever happened. It may be that through the discussion we'll hear some justification and some merit, but if I'm reading this correctly, six expert witnesses will sit as advisers to this committee, in addition to our caucuses and our constituents?

Anyway, I'll just leave it. I would love to hear some justification or rationale in some past experience with an advisory panel to a select committee.

The Chair (Ms. Daiene Vernile): Ms. Jones, you were next.

Ms. Sylvia Jones: I'm sorry—Trevor, is it possible to circulate the motion that was passed in the House to formulate this select committee? My memory is not great, but I certainly don't remember in that motion any mention of an advisory panel to advise the select committee. It is, to my colleague's point, a serious anomaly that I think—I don't think you want to go down that route. Are we the select committee or are we a shadow panel for another panel that's made up of six expert witnesses? I'm a little confused.

The Chair (Ms. Daiene Vernile): Ms. Lalonde.

Mrs. Marie-France Lalonde: I'm just going to read for Ms. Jones: "The committee may seek the advice of experts and those with experience of sexual violence and harassment for the purpose of developing recommendations." I think it's good that we're having this discussion. I think the number six is six, but ultimately that number or these advisers wouldn't be coming all the time. I think there's more of a structure, that if we feel, as a committee, the need to seek those advisers, we would do so. So the mandate of this select committee is that we could have that availability to us. It doesn't mean that they'll be sitting with us at every meeting; it's more if we collaboratively feel that there's a need to have this advice panel with us to help us. We're going to be meeting with several people—

Interjection.

Mrs. Marie-France Lalonde: Pardon me?

Ms. Laurie Scott: I'm not in order, but go ahead.

The Chair (Ms. Daiene Vernile): If you can wrap up, Ms. Lalonde.

Mrs. Marie-France Lalonde: Yes. Ultimately, this is it. It is part of our mandate, and we're suggesting that it will be part of our committee moving forward.

The Chair (Ms. Daiene Vernile): Next, I recognize Ms. McMahon.

Ms. Eleanor McMahon: This is a good conversation, and I'll hopefully add some value to it.

Previously in my career, I was at the Canadian Advisory Council on the Status of Women when we did the rape shield law that changed the course of legislation in this country when it came to violence against women. That was in the 1990s. In the context of that, we brought together a national consultation of women's groups, and there were committee hearings much like we are undertaking here. We also relied on the advice and the assist-

ance of experts such as Lee Lakeman from the Canadian Association of Sexual Assault Centres and a diverse group of individuals who guided us through the legislation—the Legal Education and Action Fund, for example.

I know that we're not writing legislation here. I want to be clear in that. But it resonates with me from the perspective of what we're trying to do here—hear from people and so on. We were guided in that, it seems to me, very similar work by experts who provided us with advice and counsel as we moved along our way. That is the very nature of what we're trying to propose today.

I offer that by way of clarification in terms of these learned people who would help us and guide us in our work. That is the intent of this motion. I hope that's helpful.

The Chair (Ms. Daiene Vernile): May I just ask a question of clarification? When you talk about six, how are they to be appointed?

Ms. Eleanor McMahon: By consensus of this committee.

The Chair (Ms. Daiene Vernile): Mr. Natyshak, you were next.

Mr. Taras Natyshak: It would seem to me that provision number 4 under the subcommittee report already provides us the function of calling on expert witnesses and expert advice within the realm of what we will be discussing. In contrast, the amendment actually limits or boxes in who we would be qualifying as experts. That then forces this committee to, by consensus—and I would like some clarification on what that actually means. My colleague here has a stack of six people already who I think are well qualified to provide expert testimony. Which one of those are we going to have to tell don't qualify as being on this expert panel?

I don't think as a committee we want to limit ourselves from calling on a broad swath of experts from all areas. Keep us, I guess, as open-minded as possible as to who can come and help us out.

If you can explain to me why six; it seems a little bit arbitrary to me. Why do we have to identify them as—what is it called? We're identifying them and qualifying them as the expert panel. There are lots out there that I'm sure want to help us, and we should keep it as broad as possible.

The Chair (Ms. Daiene Vernile): Ms. Jones, you were next.

Ms. Sylvia Jones: I completely support what my NDP colleague just said. I think that often when we think of committees, we think of people who have proactively asked to appear. But again, looking back at my history with the other two select committees, we did actively, proactively, reach out to experts in the field and say, "We need your help. We want your advice. We want your expertise." We didn't always wait for people to come to us. There was a whole series of asks, for lack of a better word—CAMH, people who were actually doing very exciting, innovative things in the field of mental health and addictions and developmental disabilities—where we

reached out to them as a committee and said, "Please come. We want to hear from you."

1650

We didn't do it just at the beginning. We started with a list of the obvious ones that we should hear from, but as we progressed as a committee and heard from people, we started to make further recommendations, saying, "Based on what that deputation just presented to us, we should be finding out what they are doing in BC, because they talked about a jurisdiction that was doing an excellent job." We did it through the course of the entire time that we were acting as that select committee.

To reinforce, I think you really are limiting yourself if you are saying, "Let's pick the six experts in the field," because today, right now, those six experts may not be the same ones that you end up wanting to hear from at the end of this process.

The Chair (Ms. Daiene Vernile): I recognize Ms. Sattler. You were next.

Ms. Peggy Sattler: I agree with what has been said. I really don't think that this motion is necessary, because the committee has the ability at any time to call and to recall witnesses to the committee. As Ms. Jones just pointed out, to kind of predetermine who are going to be the six experts—the committee may discover that there are gaps in our knowledge and areas that we hadn't identified when we went into this, and we have these six experts, whose job then becomes—you know, we'll be seeking out the advice of the people whose expertise we feel we need as we do our work. I don't think it's necessary or appropriate to try to guess or anticipate in advance who the six experts are. I like the flexibility of identifying a starting list of who we know we want to hear from, and then, as we do our work and we hear from citizens who want to present to the committee, we identify who else we need to invite to fill in some of the gaps.

The Chair (Ms. Daiene Vernile): I'm going to recognize Mrs. McGarry.

Mrs. Kathryn McGarry: Thank you for your comments. In listening to all sides, I still go back to the mandate that was suggested in the House: "The committee may seek the advice of experts and those with experience of sexual violence and harassment for the purpose of developing recommendations."

One of the thoughts I had was the issue of continuity. This, again, is a very unique committee. There's a lot of sensitivities around it. My thought was that six would help represent all the voices we're supposed to be hearing from. Again, our mandate is "to include diverse voices, including those of young people, aboriginal people, visible minorities, LGBTQ, seniors and people with disabilities." My thought is that the continuity of the same experts to be able to let us address after would be helpful. I didn't foresee them sitting here all the time, but it would be the same experts that you could go back to with questions and to help us write the report later.

Even in the issue of fairness, we pick two, you pick two, all parties pick two. That would give us the

continuity and the same people to be able to go back to in efficiency, not only to discuss it with but to assist us in the report writing.

The Chair (Ms. Daiene Vernile): Mr. Hillier.

Mr. Randy Hillier: First off, I'll just start by suggesting that the regular process is that each party and/or each member selects people to come through. There is no requirement for others to approve or to vet that request. Generally speaking, on all of these committees, once it's advertised and known, and in a proactive approach by all members of the committee, we get a good broad-section of people coming before the committee to provide expert witnesses and testimony.

My view on this: First off, I believe the amendment substantially alters the mandate of the committee. Second—and I don't think this was intended—when you read the amendment, one of the unintended consequences that I see happening on this is turning and moving a non-partisan select committee to a more partisan role, because now we're requiring consent in order to bring witnesses. That is a fundamental shift in process for a select committee.

I'm confident in saying that that is not the intention of this amendment, but it certainly would be a consequence that witnesses we may want now require the approval of others. We don't have equal representation on the committee. Whether we like it or not, the three caucuses are not equal in voting weight, and I believe this would really jeopardize the integrity of the non-partisan aspect of the committee.

I would just add one other thing: Once the committee designates somebody as an expert witness, assuredly we're going to put more weight of influence on their comments and on their advice as compared to other highly skilled professional deputants who might also appear at this committee.

Like I said, I find this amendment to fundamentally alter the structure and mandate of this committee. Again, I'm sure it's not intended in that light, but for people who have been here and seen how these things happen, it causes a lot of concern on my part.

The Chair (Ms. Daiene Vernile): Mr. Natyshak.

Mr. Taras Natyshak: Can I get clarification on what "consensus" means, for the sake of the first sentence in the motion: "The committee identify, by consensus, six expert witnesses to act as advisers to the committee"? What does that actually mean?

The Chair (Ms. Daiene Vernile): I will ask Ms. McMahon, who moved the motion, to give us some clarity on that.

Ms. Eleanor McMahon: Actually, I think you weren't quite finished there. I was just going to let you finish.

Mr. Taras Natyshak: No, that's fine. Did you understand what I'm looking for?

Ms. Eleanor McMahon: Could you give me some help?

Mr. Taras Natyshak: Could you explain to me exactly how consensus would function in choosing and

selecting? What are the mechanisms you are going to use to find consensus, and what do you qualify as consensus?

Ms. Eleanor McMahon: I'm going to take—

Interjection.

Ms. Eleanor McMahon: Thank you, Madam Chair. Can I respond?

The Chair (Ms. Daiene Vernile): So, on “consensus”—tell us what you mean by “consensus.”

Ms. Eleanor McMahon: I think, and I may get this wrong, that consensus means “as mutually agreed upon.” I think what we're trying to do today is have a conversation about what this might look like as a mechanism to inform us, assist us, help shape the outcome, help guide us in our work as parliamentarians. So we would have a conversation that says, “Why don't we mutually agree upon these folks we would consider as so-called experts?” We would invite all sides to put forward two names, in the spirit of co-operation and consensus, so that, at the end of the day, we could agree upon who is going to advise us and give us some assistance in the course of our work.

Mr. Taras Natyshak: So this was—

The Chair (Ms. Daiene Vernile): Just let me interrupt here and ask: Do you mean that to be unanimous or by majority when it comes to consensus?

Ms. Eleanor McMahon: I think we would seek unanimity rather than a majority.

Mr. Taras Natyshak: Okay. If that is the case, and I'm learning a little bit more in terms of how you see this sort of playing out, two names would be submitted from each caucus, and we would each mutually agree upon our two submissions. That being understood, could I put a motion forward to amend the motion to reflect that the committee identify, by unanimity—

Mr. Randy Hillier: Unanimous consent.

1700

Mr. Taras Natyshak: Okay—by unanimous consent, six expert witnesses to act as advisers to the committee; and that two submissions—

Ms. Peggy Sattler: Recommendations.

Mr. Taras Natyshak:—two recommendations from each caucus be submitted for that. I'll write it out a little bit clearer, of course. It's happening as it rolls off my tongue.

The Chair (Ms. Daiene Vernile): The Chair recognizes Ms. McMahon.

Ms. Eleanor McMahon: I want to thank the member opposite for his contribution. I think we'd all appreciate that in written form, Madam Chair, and then have a few moments to consider it, if I could ask the committee for that.

The Chair (Ms. Daiene Vernile): Ms. Lalonde.

Mrs. Marie-France Lalonde: I just want to make sure that when we think about our experts and how wide our mandate is towards all the communities, we have to also look at—when we collectively agree on our experts, it would be nice if our experts are representing those communities, so that we don't have, let's say, four out of

the six in the same category of experts, I would like to think.

The Chair (Ms. Daiene Vernile): Mr. Hillier.

Mr. Randy Hillier: The amendment, as you're getting that clarification of the difference between “consent” and “unanimity,” raises the need for further clarification. That amendment deals with the identification of the witnesses or the selection of that expert panel. The second part that requires clarification is: How are those expert witnesses called? Are they called by consensus or are they called by unanimous consent? The member from Essex I'll ask to further clarify his amendment to the amendment, that it also requires unanimous consent for the calling of those expert witnesses.

The Chair (Ms. Daiene Vernile): I do have a number of people who are lined up who want to speak. But we're very quickly going to get an answer to that question from Mr. Natyshak. If you can just answer that question.

Mr. Taras Natyshak: I apologize, Chair. I'm going to have to get Mr. Hillier to repeat the question. I missed the bulk of it.

Mr. Randy Hillier: I'll condense it. To amend your amendment in this fashion: Your amendment seeks unanimous consent on the selection of the expert witnesses; I'm suggesting that we also require unanimous consent on the calling of those expert witnesses to the committee, and not be left to majority votes.

Mr. Taras Natyshak: Oh, in terms of who gets—sorry.

The Chair (Ms. Daiene Vernile): Do you want a moment to think about that?

Mr. Taras Natyshak: I'd love a recess to think about this.

The Chair (Ms. Daiene Vernile): All right. May I just get comments from the people who have been waiting for a while, and then we'll call a recess? Mr. Dong.

Mr. Han Dong: I just want to clarify something: My understanding, after reading this again, is that these six experts, whoever they might be, will play an assistance role to this committee. We're not limited to these six experts only, right? We're still calling a whole bunch of other witnesses to come forward.

I think it's beneficial when we—I'll give a scenario. If we happen to call a witness to speak on visible minorities, the information this committee is getting is only from that witness that we call. Now we have an option of consulting with the experts that we recognized previously, to say, “These views: Do you agree?”—something that we are not certain about, so we feel that we have some advice we can go to. I just want to clarify that that is the intention, my understanding, of the amendment.

The Chair (Ms. Daiene Vernile): Next we are going to hear from Ms. Sattler.

Ms. Peggy Sattler: I have some concerns about how we decide who these six expert witnesses are going to represent. Marie-France had pointed to the mandate, which talks about young people, aboriginal people, visible minorities etc. So on the one hand, you could say

we want an expert who has expertise dealing with each of those groups, but on the other hand you could say, well, maybe we need an expert in sexual harassment, an expert in domestic violence, an expert in violence in the workplace. How you're going to decide who is representing—you could say it's either a representative of the type of violence that's experienced, and perhaps that expert would then have knowledge of the impact on diverse communities, or do you want an expert who deals exclusively with one of these communities?

I think that it's going to be very difficult to decide who these six people are. Particularly now, when we're talking about a process where each party identifies two, ensuring that you've got all the bases covered is also going to be challenging.

The Chair (Ms. Daiene Vernile): The Chair recognizes Ms. McMahon, before we take our recess.

Ms. Laurie Scott: Wait a minute; I've been on the list for a while.

The Chair (Ms. Daiene Vernile): Sorry, I did not see you.

Interjection.

The Chair (Ms. Daiene Vernile): We're going to hear from Ms. McMahon first.

Ms. Eleanor McMahon: I'm going to offer some remarks. Maybe by way of clarification, we're not trying to dictate who can come before the committee and who can't. So this isn't about choosing witnesses, to comments that have been raised by folks around the room. This is about, through unanimous discussion and agreement, choosing people who we all agree can assist us in our work as we move forward. This is not about choosing who can and who can't appear before us.

This isn't meant as a mechanism to change the mandate of the committee; this isn't meant to limit our work. On the contrary, this is meant to give us as wide a scope as possible by way of guiding us. It's meant to be a very good thing, actually, to try to help and advise us and to help us to shape our work, because as varied as our experience is and as pure in intent as we are—I certainly don't have the expertise that's required, and I would welcome the opportunity to be able to call on, or to call, or to discuss with or to talk to somebody who has expertise in this arena.

They're going to come and they're going to appear before us, but they're also going to be available to us to guide our work. That's what we're trying to do here. We're not trying to be narrow in our approach. So if that's the impression that we've given, Madam Chair, that's the wrong impression here. We're trying to really choose people who have expertise in arenas that are important to guide our work. That's what we're trying to do.

The Chair (Ms. Daiene Vernile): Thank you. I recognize Ms. Scott.

Ms. Laurie Scott: Can I just speak for a second, here? I appreciate what you're trying to say, but what you're actually doing is creating a two-tier advisory panel. Who are we—any of us—to pick out two expert advisory

panels? What background do we have to pick out two? We do not. That is why we have whatever experts we'd like to, come.

I don't want to diminish the scope of that at all. They come as deponents. If we want them to come back, let them come back. You're making this into a partisan political committee, which is why I had fought for equal representation.

The motion was for staff to help support you; that's fine. You outvoted us because we do not have the majority. We're trying to do stuff by consensus, but it doesn't matter: You'd still have more votes whichever way it came.

Interjection.

Ms. Laurie Scott: It's a recorded vote; don't worry. But I'm just saying, you're creating two tiers. You're asking us, with our limited backgrounds—we don't have the knowledge yet because we haven't even been able to hear anybody.

We're asking those people to come forward to be our expert witnesses. You're asking us to choose an elite group of six people, who we do not have the background to choose from. We'll just be picking here and there—

Interjection.

Ms. Laurie Scott: We will be because we don't know. So why are we doing that when the way that it normally occurs seems to have worked in other committees and has been very fair?

You can call people back if you want. We all want this to work and to produce a report that's actually going to be helpful. But the advisory panel of six members isn't needed nor is it actually fair to occur, because you're creating two tiers. You're giving people—why do we choose six people for expert advisers? What knowledge base do we have to do that? We're listening to people, and we can all invite deponents to come here.

You're asking us to choose six people that we don't have the background to really choose—

Mrs. Marie-France Lalonde: Advisers.

Interjections.

The Chair (Ms. Daiene Vernile): Ms. Scott has the floor.

I'll let you finish.

Ms. Laurie Scott: We have explained with great patience in subcommittee and in full committee how it works, the resources that we have, the select committees that have occurred before, how they've worked and how they've been good quality. Now you're adding this extra layer of special advisers that I don't think is necessary. I think the fair process is to have them appear as deponents, and if you need them to come back for questions and clarifications by consensus, that is fine.

The Chair (Ms. Daiene Vernile): Mr. Natyshak.

Mr. Taras Natyshak: I had previously put forward a motion. I'd like to remove that motion and immediately call for a recess.

The Chair (Ms. Daiene Vernile): The motion is withdrawn. Are you open to a five-minute recess?

Mr. Randy Hillier: Seven and a half minutes.

The Chair (Ms. Daiene Vernile): Six point two—no. *Interjections.*

The Chair (Ms. Daiene Vernile): We'll go seven minutes. How's that? Are we agreed to seven minutes? Okay.

The committee recessed from 1712 to 1719.

The Chair (Ms. Daiene Vernile): Members, I would ask that you take your seats, as we are resuming. What we have on the floor is Ms. McMahon's amendment. We are also looking at points 4 and 5 being struck out and being replaced with the text.

Do we have any further debate?

Mr. Randy Hillier: Yes.

The Chair (Ms. Daiene Vernile): Yes, Mr. Hillier?

Mr. Randy Hillier: I thought we were going to have the amendment to be voted on. I will propose an amendment that is consistent with the ideas expressed to me by Liberal members of the committee: that we strike out the word "by consensus" and include the words "by unanimous consent." Then, in the second paragraph—

Interjection.

Mr. Randy Hillier: The second sentence would be amended: "That the expert witnesses may be called by unanimous consent by the committee."

Then the final one, the third sentence: "That the expert witnesses may be invited by unanimous consent."

The Chair (Ms. Daiene Vernile): I would ask if all the members are clear with Mr. Hillier's suggestions.

Mr. Randy Hillier: Where did Eleanor go to?

The Chair (Ms. Daiene Vernile): Do we have clarity?

Interjections.

Ms. Sylvia Jones: Maybe you should repeat it.

The Chair (Ms. Daiene Vernile): Are all members clear on Mr. Hillier's suggestions?

Interjections.

The Chair (Ms. Daiene Vernile): All right. We're going to ask you, if you will, Mr. Hillier, to repeat, and just if you can go slowly and line by line.

Ms. Laurie Scott: Make sure you have the right piece of paper.

Mr. Randy Hillier: Yes.

Ms. Laurie Scott: It's on Eleanor's—the motion she submitted.

Mr. Randy Hillier: Her amendment to the subcommittee report. I think the language that I'm going to propose is more consistent and more accurate with the desired intentions of the mover of this amendment.

The amendment to the amendment would be, "The committee identify by unanimous consent six expert witnesses...." That's in the first sentence.

In the second sentence, "That the expert witnesses may be called by unanimous consent to the committee...."

And the final change would be in the third sentence, "That the expert witnesses may be invited by unanimous consent to appear as a group...."

I think that more accurately reflects what the mover of the amendment was trying to accomplish with this amendment.

The Chair (Ms. Daiene Vernile): Is everyone clear on Mr. Hillier's amendment? Are the members prepared to vote on this amendment?

All right. Let me start by asking those who are in favour of Mr. Hillier's amendment, please raise your hands. And those who are opposed? We need to see a show of hands of those who are opposed.

The amendment is lost.

Mr. Randy Hillier: Madam Chair, I'd like to move an amendment to the subcommittee report.

The Chair (Ms. Daiene Vernile): Yes, Mr. Hillier?

Mr. Randy Hillier: That all committees be live-streamed except those that are held in camera.

The Chair (Ms. Daiene Vernile): We have an amendment on the floor right now, Mr. Hillier. We will come to you—

Mr. Randy Hillier: Oh, okay. I thought we'd just voted.

The Chair (Ms. Daiene Vernile): We have the other amendment on which to vote.

Mr. Randy Hillier: Oh, okay.

The Chair (Ms. Daiene Vernile): We have Ms. McMahon's amendment now. Are we prepared to vote on Ms. McMahon's amendment?

Ms. Eleanor McMahon: Madam Chair, actually, I have a change. I have an amendment to the motion as earlier proposed.

The Chair (Ms. Daiene Vernile): An amendment to your amendment?

Ms. Eleanor McMahon: Yes. I believe the Clerk has copies.

The Chair (Ms. Daiene Vernile): The Clerk needs just a moment.

Ms. McMahon, could you please read your amendment?

Ms. Eleanor McMahon: Thank you, Madam Chair.

I move that the motion be amended as follows:

The words "by consensus" be struck, and the following paragraph be added:

"At the next regularly scheduled meeting of the select committee, members of the advisory panel shall be selected in rounds in the following order: PC, NDP, Liberal, PC, NDP, Liberal."

The Chair (Ms. Daiene Vernile): We're just recording this information.

Thank you for the submission, Ms. McMahon. Do we have any debate on this new amendment? Ms. Jones.

Ms. Sylvia Jones: In the strongest words that I can use, I strongly, strongly encourage you to drop this two-tier concept of having a group of six people who have a more important value to the role of this committee than every other deputant who appears. You are sending a message to everyone who wishes to bring forward their lived experience, their professional expertise, that their importance and role in this committee's work is less than

six people we choose at the very beginning of the process.

By the nature of how we're going to choose those six, there is no appreciation or expectation that you are going to have proper coverage across the spectrum of this issue. If we all choose people from the justice side, then we have no expert to call from on the education side, in the same way that if we choose everyone from a particular side of the issue, we are doing a terrible disservice to every other person who wishes to appear at this committee.

In the strongest way possible, I say don't go down this road, because you will hurt the perception of how the public will understand the work of this committee.

The Chair (Ms. Daiene Vernile): As Chair, I'd like to know if I can ask a question of Ms. McMahon on your amendment. You heard the comment made that it may be your desire to assign more important value to these advisory panel experts. Can you speak to that? Is it indeed your intent to add more important value to these people?

Ms. Eleanor McMahon: Thank you, Madam Chair. I want to honour the comments of the member opposite by saying that the concerns she has expressed are ones that we share in terms of not wanting to give more value to one voice versus the other. I think what we have here is a difference in appearances and what this looks like.

I, with greatest respect for you, want to honour your comments, because I think what you are trying to express is important, which is that we shouldn't give more importance. We're not trying to say, because someone has expertise in a certain area, that they're more important. What we're trying to say is that they are people who have expertise that has been garnered through years of experience and learned study etc.

1730

If that helps to provide clarification—also, having worked a little bit in this arena, both as a volunteer at a sexual assault centre and again at the Canadian Advisory Council on the Status of Women, I think that you will find that the advisers that we will all choose will be highly sensitive in their own work such as not to give the appearance of superiority, but yet of generosity in trying to guide us in our work. They will be providing advice to us. Their submissions will not be weighed more heavily.

If that helps to clarify, Madam Chair, what our intent is here, I just want to close by saying again that I respect the comments of the member opposite and agree that that is not what we are trying to do here.

The Chair (Ms. Daiene Vernile): Would it be accurate to say that they will act as a stable of experts in the background that you would only turn to if you needed some sage advice, but they would not have more important value?

Ms. Eleanor McMahon: That is precisely—I'm going to wait.

The Chair (Ms. Daiene Vernile): The Chair recognizes Mr. Hillier.

Mr. Randy Hillier: Thank you, Chair. Let me again say, in as proper and thoughtful language as I can: The words that this committee votes on are the instructions to the committee. It's how we will operate. It matters not what someone's intent is if the words are different.

The words in the proposed motion and the amendment to the motion betray the intent that was expressed. It betrays it completely. We're going from a non-partisan select committee where everybody has equal ability to call people to the committee; now we're requiring others to consent. That takes us into the partisan arena. You can shake your head, but the words are not consistent with the expressed intent. If, indeed, we want this to operate in the way that you speak, then it needs to be done by unanimous consent.

The amendment to the amendment also only speaks to the selection of the advisory panel. How the advisory panel will actually interact and conduct itself with the committee is left silent and therefore it's left up to majority decisions, not unanimity. So if your intent is to have full agreement, this amendment does not achieve it; it actually betrays it.

I'm going to say this: I see no value in an advisory panel. I see no benefit and I see no merit to it. However, I can live with it if it is not subject to a majority vote by one party in this committee. Right at the present time, with everything—

Interjections.

The Chair (Ms. Daiene Vernile): Mr. Hillier has the floor.

Mr. Randy Hillier: Everything that you've got in front of us puts the Liberal Party in the driver's seat of everything on this committee, because for us to be able to bring our expert witnesses will require your consent.

Mr. Han Dong: No, that's not true.

Mr. Randy Hillier: That's the way it's written.

Interjections.

The Chair (Ms. Daiene Vernile): If you want to speak, put up your hand, please.

Mr. Randy Hillier: You tell me that that is not the intent, but your words achieve exactly that. I would suggest, Madam Chair, that this amendment, as written, is diametrically opposed to the mandate of this committee and either must be modified in its entirety with that unanimous consent provision or be struck. It is unfortunately taking this committee down a partisan path that I don't believe anybody wants to go on, but that's where you're heading.

What is written, what is passed, is how this committee will operate, not on, "Oh, I thought that should have been this way and that wasn't my intent." The words have meaning. They have powerful meaning. Let's not play loose with these words and have them confused with intent; have the words actually, accurately express the intent.

The Chair (Ms. Daiene Vernile): The Chair recognizes Mrs. McGarry.

Ms. Kathryn McGarry: I certainly appreciate all comments from all members today.

I just want to clarify that these witnesses that we're talking about are different from the expert panel, and I refer again to our mandate that says, "The committee may seek the advice of experts and those with experience of sexual violence and harassment for the purpose of developing recommendations."

So the way I see it is that this is an expert panel that we can call or ask to come in front of this committee from time to time, as we see fit, to be able to advise us, to provide either sensitivity training or expert advice about things that we see. This has nothing to do with the process of calling public hearings. These expert panel folks that we're looking at bringing are different than the folks in the public process that we're going to be bringing. That's the way I see it.

That's why we thought continuity of the same experts that we could call from time to time—it does not necessarily mean that we as a committee should take their advice, but they're there as an advisory panel, an advisory to council, if you want, to be able to do that—

Mr. Randy Hillier: That's what the deputants do.

The Chair (Ms. Daiene Vernile): Mr. Hillier, Mrs. McGarry has the floor.

Mrs. Kathryn McGarry: —but that is very different from the process of calling public witnesses.

The Chair (Ms. Daiene Vernile): We're going to hear now from Ms. Sattler.

Ms. Peggy Sattler: I had concerns about the original motion and I have even more concerns about this amendment to the motion.

By removing "consensus," we're now saying that the committee identifies six expert witnesses, and that they be selected as—they are now going to be a PC expert, an NDP expert, a Liberal expert, a PC expert. We're completely losing the whole concept of impartial expert. That's one issue, and I think that Mr. Hillier was very eloquent when he talked about the danger of making this a partisan committee and it's not supposed to be. By inserting party identification in here as to the selection of the panel members, I think that that is problematic.

The other issue that causes me concern is that Ms. McMahon talked about these experts having a wealth of experience and familiarity with the field. I'm sure that we're going to have a mix of people who have lived experience as well as experts who have a wealth of experience and familiarity with the field.

So now we're going to be receiving the input from experts, but we have to confer with these other experts. I think that the whole notion of having two tiers of experts—there are the experts who give us input, and then we have to sort of run that testimony past these other experts who we had decided at the beginning—I have real concerns about this.

The Chair (Ms. Daiene Vernile): The Chair recognizes Mr. Natyshak.

Mr. Taras Natyshak: I continue to have very strong reservations about the direction of this amendment and where it's leading us.

The fact remains that the subcommittee presented us with a report that I think was quite reasonable and made sense, given the normal function, the requirements and the need of this committee.

The portion that's being cleaved out and replaced by the government is the previous number 4, "That each member of the subcommittee provide the Clerk of the Committee with name and contact information of an expert witness that they would like to invite to appear before the committee."

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This provides the outlet for members to identify people within the realm of the scope of this committee. It also gives us the flexibility that we require to seek out a broad swath of information and expertise. It doesn't preclude us from calling back these experts time and time again. It does not preclude us during the course of the committee to simply ask these experts if they would be willing and able and ready to provide consultation with us—and, my goodness, fellow committee members, I would argue that any expert who has dedicated their life to the study in the field would be more than happy to give us as much information, attention, resources and support as we request without the need to be qualified or boxed or vetted or segregated into a different category than the seventh expert that we call.

There's a respect that we should give each and every person that we call before this committee. Just the fact that we call them to provide information to us is such that we know they have something to provide to us. We are requesting their information.

What you're doing with the group of six in this motion that you are qualifying is, you are eliminating, you're segregating, all those others who have worked within this industry and dedicated their lives to it—or not industry, but rather—

Ms. Peggy Sattler: Sector.

Mr. Taras Natyshak: Sector, universe, issue. I do not think that it's appropriate for a committee to do that. Our mandate is simply to seek out the best, the brightest, the most passionate and compassionate minds to provide us with the information that we need, not to judge who are the best six out of those we may call on. We should be indeed calling on the best and the brightest minds that we can find without exclusivity and without any type of limitations.

Please allow us to get back onto that track that was within the provisions of the subcommittee report. Pull your amendment off the table. Let's get back to work here and get this committee going where we can start to work on identifying who we want to call. Do not limit them to six. Please do not do that.

Thank you, Chair.

The Chair (Ms. Daiene Vernile): Before we continue, I've been directed to ask for some clarity from Ms. McMahon on your amendment. Where you say "selected in rounds in the following order: PC, NDP, Liberal, PC, NDP, Liberal," what are the consequences or how do we proceed if there is no selection? What happens?

Ms. Sylvia Jones: So if one of the parties doesn't submit a name?

The Chair (Ms. Daiene Vernile): If you have a party or parties which wish not to submit names, what is going to be the protocol?

Ms. Eleanor McMahon: Can I confer, Madam Chair?

The Chair (Ms. Daiene Vernile): Do you need some time to reflect on that?

Interjections.

The Chair (Ms. Daiene Vernile): Do we agree to a five-minute recess?

Mr. Randy Hillier: No.

Mrs. Marie-France Lalonde: Really? We agreed on yours.

Mr. Randy Hillier: I think these are the things that—

The Chair (Ms. Daiene Vernile): I have not recognized you, Mr. Hillier.

Mr. Randy Hillier: Oh, I thought—okay.

Interjection.

The Chair (Ms. Daiene Vernile): Hold on. I'll put you both down, though. Yes, Ms. McMahon?

Ms. Eleanor McMahon: Thank you. Sorry, Madam Chair. I think we're all trying to choose our words carefully so that it doesn't add to the confusion.

I'd like to propose something to my colleagues in the committee: that we suspend this conversation, that we have time to confer and that we come back and we discuss this next week. It's clear that there has been a good amount of confusion, and there has also been, I think, some very good discussion, some passionate points of view shared. I think that, in the interests of clarity, we step away from this conversation and come back to it next week and discuss it then as a committee.

Mr. Randy Hillier: So withdraw the amendment—

Ms. Eleanor McMahon: I'm not withdrawing the amendment, nor am I withdrawing the motion. I'm saying that we continue this discussion next week; we're just going to press the pause button here; defer consideration of the motion.

The Chair (Ms. Daiene Vernile): So this is a dilatory motion, and the Clerk will speak to this now.

The Clerk pro tem (Mr. Trevor Day): Of the three types of dilatory motion, one is to defer consideration of an item of business before the committee. There is no debate; it is votable right away. The only condition is that there are no conditions on it.

If I'm understanding correctly, Ms. McMahon is saying, "We are going to defer consideration of this item"—this item being the subcommittee report in its entirety—"and move to other business." It will be taken up at a future date with this committee, but if that is in fact what you're moving, it's something that the committee now votes on, and should a majority agree that this item be shelved, then we move on to other committee business.

Is that your motion, Ms. McMahon?

Ms. Eleanor McMahon: Agreed.

The Chair (Ms. Daiene Vernile): All right. Those in favour? May I see a show of hands? Any opposed?

Did you have a comment you wish to make?

Ms. Eleanor McMahon: No.

The Chair (Ms. Daiene Vernile): Okay.

Mr. Hillier, I know you had your hand up for a while. Are you going to speak to us on—

Mr. Randy Hillier: No. We just had our vote, and that motion has been deferred for consideration till next week.

The Chair (Ms. Daiene Vernile): Okay.

Mr. Randy Hillier: I would request to put a motion on the table under new business.

The Chair (Ms. Daiene Vernile): I will recognize you at the end because we have numerous other motions that precede your motion.

Mr. Randy Hillier: Okay.

The Chair (Ms. Daiene Vernile): Members, I have an important question for you.

Interjections.

The Chair (Ms. Daiene Vernile): I will keep you here all night if I have to, and that's what we're here to talk about.

I want to ask you if you want to continue sitting past 6 p.m. or if you would like to stop at 6 p.m. I'm asking you: Shall we retire at 6 p.m.?

Ms. Sylvia Jones: Point of clarification, Chair: I don't believe that you can sit past when the House sits without—

Interjection.

Ms. Sylvia Jones: Say that again?

The Chair (Ms. Daiene Vernile): This committee meets at the call of the Chair. We could be here around the clock if we wanted to, but I want to be very considerate of your schedules and your patience and tolerance. So I'm asking you: Would you like to retire at 6 p.m.? May I see a show of hands?

Ms. Sylvia Jones: For what it's worth, if you're actually having deputations, I would suggest to you that sitting past 6 is a great idea. If you're just going around in circles, you're not going to accomplish anything more after 6 than you do before.

The Chair (Ms. Daiene Vernile): Let me see if you would like to stop at 6 p.m. Can I see a show of hands?

Okay, thank you. We will continue for the next 10 minutes. We have quite a few other items on our list, and we'll see how many of these we tackle.

Committee members, the next issue that we wish to speak to you about is Amanda Dale. You all have these in front of you. Amanda is an expert who is going to speak to us about sensitivity training. Ms. Scott, you would like to speak about this?

Ms. Laurie Scott: I would, because then I have to go. In the bio that you provided, I just don't see anywhere about sensitivity training. I know she's got a large background. I'm seeing this, but I thought we were trying to get someone actually speak to us to instruct us how to speak to people who have been in difficult situations—like sensitivity training. So I don't mean to make it sound bad. I'm just wondering—the biography that's presented wasn't pertaining to the topic that I thought she might be

coming to speak to us on. I don't know the lady; I'm not saying anything bad. Where's the background?

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The Chair (Ms. Daiene Vernile): Do we have anyone who would like to speak to this? Ms. McMahon?

Ms. Eleanor McMahon: I think that Amanda was chosen because, as a front-line worker, her day-to-day job is advising, speaking, counselling victims of violence. As a consequence, I think her expertise lies in the ability to give us advice on how we should accordingly speak to the very kind of people that she deals with on a day-to-day basis. So while her CV might not specifically deal with sensitivity training, I think she is appropriately chosen in the context of her ability to advise us in dealing with the kinds of people that she has clearly many years of experience dealing with and that she deals with every single day.

I hope that's helpful. It's meant as a clarification.

The Chair (Ms. Daiene Vernile): Our Clerk?

The Clerk pro tem (Mr. Trevor Day): Just for the committee's information, I did speak to Ms. Dale. She wants to have a couple of things very, very clear before coming.

One is that this is something she's very happy to do, and she's happy to come, but with the notice that we've given her, she said it will be an informal conversation. She has a presentation, opening remarks, and then she will take questions from committee members back and forth. But she wanted that stressed: that there won't be a formal presentation; there won't be a slide deck.

Proper sensitivity training takes a very long time, and she is coming at the request of the Chair and me to do some introductory remarks and then to have a conversation with the committee. But she did want that stressed to the committee members before she came.

The Chair (Ms. Daiene Vernile): Do we have—Ms. Scott?

Ms. Laurie Scott: I have to go to the House. That's all I was going to say. I'm not being rude, but I have to run up. Is that okay?

The Chair (Ms. Daiene Vernile): Thank you. Mr. Hillier?

Mr. Randy Hillier: Just to follow up on my colleague's comments, in your discussions with this individual—and I think that would be appropriate; we don't want to have a formal committee structure for that. But you've spoken with her. Has she participated in coaching people on sensitivity language and training? Because it's absent in the bio provided. Has she significant experience in that regard?

The Chair (Ms. Daiene Vernile): Just for clarity, Mr. Hillier, I did not speak with her personally but the Clerk's office did.

Mr. Randy Hillier: Oh, the Clerk. Well, maybe that should be directed to—

The Clerk pro tem (Mr. Trevor Day): I don't know if she has training in that background whatsoever. We were provided the name.

The Chair (Ms. Daiene Vernile): Any further discussion? Yes, Mr. Natyshak?

Mr. Taras Natyshak: Is Ms. Dale aware of why we're asking her to come in terms of the specific need for us to seek advice on sensitivity? I hesitate to call it sensitivity training, because of course we would need to be thoroughly trained. But she's aware of why we're asking her to come?

The Clerk pro tem (Mr. Trevor Day): Yes.

Mr. Taras Natyshak: Okay.

The Chair (Ms. Daiene Vernile): Any further comments? Okay, let us move on. Yes, did you have something else you wanted to say, Mr. Hillier?

Mr. Randy Hillier: I just didn't know if I was going to hear anything back today from anybody else who suggested that this person would be good, if they had any other insights as to their experiences, or first-hand knowledge of that skill set and that experience.

The Chair (Ms. Daiene Vernile): Yes, Mrs. McGarry?

Mrs. Kathryn McGarry: Thank you, Chair. Through you to the member, I'm quite satisfied with the work that she does day to day to provide some sensitivity training to us. I certainly understand—just with her comments here, I think that she's probably just fine to be able to assist us in knowing what language to use and what's current. Thank you.

The Chair (Ms. Daiene Vernile): Yes, Mr. Natyshak.

Mr. Taras Natyshak: I just want to open this up to the committee, that I'm looking forward to hearing from Ms. Dale. Her biography looks quite extensive and I'm sure she could add to our knowledge base during the normal proceedings of the committee.

However, should we go through this process with Ms. Dale, if we feel as though we may want to seek additional expertise on specifically the sensitivity aspect, I don't want to—should we limit ourselves to simply, "We spoke with Ms. Dale; that should be enough," or, if we feel as though we may be looking for more, can we leave that open, at least?

The Chair (Ms. Daiene Vernile): Yes, Ms. Lalonde?

Mrs. Marie-France Lalonde: I think our discussion, when we agree, is to initiate and bring someone forward so we can at least have someone who has that expertise in a very sensitive subject. Having said that, I don't see that if we feel down the road that she needs—but I think at the beginning, looking at her background—my background is in social work. I look at her expertise as to where she worked, her counselling and her legal aspect. Certainly, looking at words like "safety," "dignity," "equality" and all aspects of this person, I feel very strongly that she would be a very valuable asset to me to move forward, at least in starting my process on this committee.

The Chair (Ms. Daiene Vernile): I would like to ask the committee: Are we in agreement to have Ms. Amanda Dale come forward next week to speak to us?

Interjections.

The Chair (Ms. Daiene Vernile): Agreed. Thank you.

Our final item—and we only have three and a half minutes left. Perhaps it might be just worthwhile having you look at the budget, reflect on it and be prepared to come back next week and let us know what your thoughts are on this.

Do you have anything to add to this, Clerk?

The Clerk pro tem (Mr. Trevor Day): Only that the budget, as prepared, was prior to an amendment to the subcommittee report, adding potentially three individuals over seven days' travel, which would be 21 people days. We have another version that would take that into account, should that subcommittee report pass, and we'd have a different version of the budget come forward. But other than that, that's what we've got.

Lastly, I am not your normal Clerk. William Short will return next week and he will be taking over the committee. He's more than capable.

The Chair (Ms. Daiene Vernile): Han, can you just hold on? One last thing before we head off. In our last two minutes that we have together, can you please go over with our committee members what we are going to be talking about next time that we did not tackle today? Just make note of this for next week.

The Clerk pro tem (Mr. Trevor Day): Okay. What you have next week is that you have Ms. Amanda Dale who will be coming to the committee to speak to you in a conversation. Again, she wanted to stress that it's not formal. You have a subcommittee report that is outstanding. Actually, you're on an amendment to the subcommittee report, but that's where you are there. And

you have to adopt a budget that we'll work all the way through.

Advertising: We have a draft ad that is before you. I'd like you to take a look at the language and see if it does what the committee thinks it should do, and once that's approved, where, down the road, that ad is going to go and who's going to see it.

The Chair (Ms. Daiene Vernile): We'll have clarity for you on the amendments to the amendments. We'll put a document in front of you that will be—

The Clerk pro tem (Mr. Trevor Day): That has them all.

The Chair (Ms. Daiene Vernile): —the final product, because it may have been a little bit confusing with all the different amendments that came and went.

Yes, Ms. Lalonde?

Mrs. Marie-France Lalonde: I'm very sorry. I know we all want to leave. But I just need to ask: I see at the bottom it says, "French on demand." What that means is that it would only be available—

The Clerk pro tem (Mr. Trevor Day): No.

Mrs. Marie-France Lalonde: No. Okay.

The Clerk pro tem (Mr. Trevor Day): Sorry. For the initial drafting we just did it in English. It will be translated.

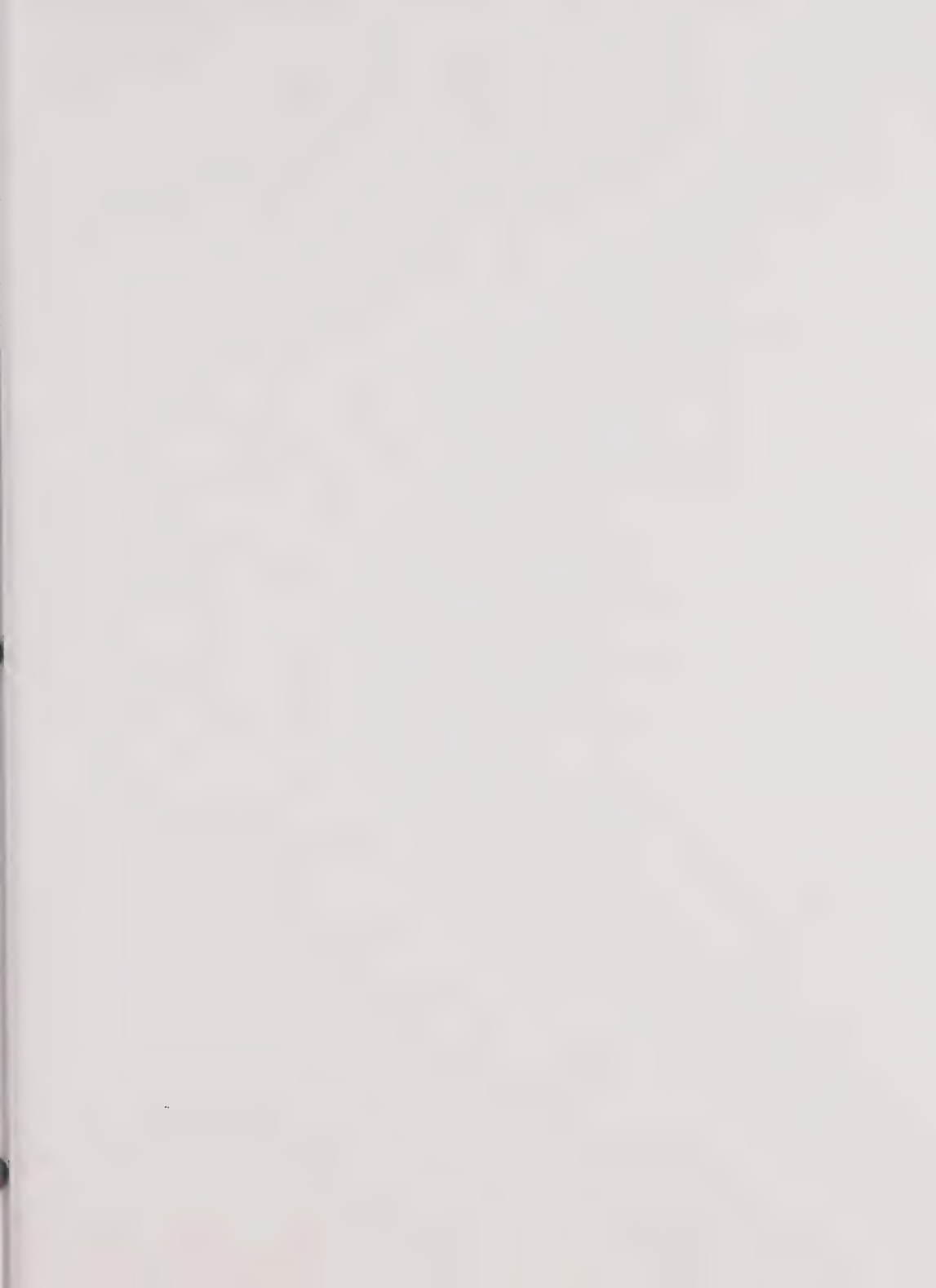
Mrs. Marie-France Lalonde: Okay. Perfect. But it would be in both official languages?

The Clerk pro tem (Mr. Trevor Day): It will be both every time.

Mrs. Marie-France Lalonde: Thank you.

The Chair (Ms. Daiene Vernile): Thank you, committee. We will see you next week.

The committee adjourned at 1759.





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Vice-Chair / Vice-Présidente

Ms. Laurie Scott (Haliburton–Kawartha Lakes–Brock PC)

Mr. Han Dong (Trinity–Spadina L)

Mr. Randy Hillier (Lanark–Frontenac–Lennox and Addington PC)

Mrs. Marie-France Lalonde (Ottawa–Orléans L)

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Also taking part / Autres participants et participantes

Ms. Sylvia Jones (Dufferin–Caledon PC)

Clerk pro tem / Greffier par intérim

Mr. Trevor Day

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Journal des débats (Hansard)

Mercredi 4 mars 2015

**Select Committee
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and Harassment**

Strategy on sexual violence
and harassment

**Comité spécial de la violence
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Stratégie de lutte contre
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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

COMITÉ SPÉCIAL DE LA VIOLENCE ET DU HARCÈLEMENT À CARACTÈRE SEXUEL

Wednesday 4 March 2015

Mercredi 4 mars 2015

The committee met at 1605 in committee room 1.

STRATEGY ON SEXUAL VIOLENCE AND HARASSMENT MS. AMANDA DALE

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. Welcome to the Select Committee on Sexual Violence and Harassment.

You might have noticed that we have a guest with us this afternoon: Ms. Amanda Dale. This committee was struck by the Legislature. Our job is to make recommendations to the Legislature on the very serious issue of sexual violence and harassment. We're very pleased that you are joining us here today. We want to examine this issue. We want to look at ways to shift social norms and other barriers that are keeping people from coming forward to report abuses.

In the weeks and months ahead, this committee is going to be hearing from people who will be sharing information with us of a very sensitive nature. We want to receive them with respect and sensitivity, and this is where you come in. We're hoping that you can guide and direct this committee on the appropriate language that's going to help them to trust us with their information.

I welcome you to instruct us on how to interact with our witnesses. Following your discussion, we'll have some questions for you. Ms. Amanda Dale.

Ms. Amanda Dale: Thank you. I did not come with a prepared PowerPoint, a set of handouts—this is not a training. It's my understanding that you're at the beginning of your work and that what would be most fruitful is an assessment of what's going to help you most and where you're feeling the gaps in information or the anxieties about what might go wrong. So I'm really hoping that we have a discussion.

I do have some notes that I will leave behind that are sort of big-picture, framework kinds of matters that we know from the research about what's most effective in working with survivors of various forms of violence. But I don't want to sit here and go off on what I think is a very interesting tangent and have it not actually be directly related to your concerns.

Let me tell you a little bit about the clinic that I work for and some of the high-level principles that we work from and that inform how I look at this issue. I'd really

like, as I'm speaking—as you're coming into the room, so to speak—to settle into what some questions are that you might have that are burning for you. What are the things that you're concerned about that you're afraid the committee might not do well, that you would like to hear more about—questions you've always wanted to ask that you won't be asking in a public forum, which you'd like my assistance with. I'm here at your disposal for anything of that nature.

I deliberately did not prepare—well, truth be told, I didn't have time to prepare. It was a very short notice period. I did warn, in my discussions with the various folks who called me from the Clerks' office, that I wanted to diminish your expectations of having a formalized training.

What I can tell you is that I have more than three decades' worth of experience of working in the area of various forms of violence against women, including sexual violence. I am not a front-line worker. I don't currently sit in counselling sessions with women, although I did at one time in my past. So that informs the work I do.

Currently, I work more at the policy level and more on legal reform. So those are the two areas that I've focused my time on now. But again, that work comes from that experience of sitting, back in the early days of the 1980s, in shelters with women in the middle of the night, hearing stories, all the way through to being an individual counsellor in the 1990s. That experience is part of who I am, but it's not what I do particularly now.

My understanding is that the committee is concerned to create an environment that will be a respectful forum for disclosure, and that essentially is what this piece of the work right now is about. You have many other objectives, but at this stage, that's one of the concerns.

I'm going to give you some high-level principles, and then I want you to ask me questions about why I've said that. That might get us into a more fruitful and meaningful discussion.

At the highest level, I want to say that violence, for one thing, is never a single event—or seldom; I shouldn't say “never”—seldom a single event.

1610

We know statistically that violence is on a continuum and it erupts across the lifespan of women—domestically, in their childhoods, in the schools, in their partnerships, in their migration process. It's an impetus to

migration, often. In fact, just at the big-picture level, the UN has declared it a global pandemic. Just in terms of the scope and range of what we're talking about, I want to be clear that it's not going to necessarily fit a particular box when somebody comes forward to disclose to you.

It's also a common mistake, I think, to ascribe violence to culture. I want to be really, really clear and have you really think carefully about that common mistake. Violence is not cultural; it's destructive of culture. Violence against women, in the context that we're speaking about it, is actually a manifestation of patriarchy or patriarchal values—control over women—and that in itself is often interwoven with or excused by culture, but it's not actually the culture. It's found in every culture, unfortunately. It manifests differently depending on each cultural context, but it's not absent from any culture that we know of.

It's important because culture is also a source of belonging, meaning and strength for women. So when we confuse a manifestation of violence with something that is "your culture," we tend to then put a barrier for women in being able to express themselves because they feel that they can no longer state what has happened to them because we're asking them to demean their culture or separate themselves from their culture or blame their culture. This is really an important distinction that we can come back to. It's a very commonly made mistake.

Culture can tell us something about how to combat violence but not that it exists or whether it should be excused. No culture condones violence. Every culture has a patriarchal narrative that allows us to excuse violence, including the dominant culture in Canada. But that's different from saying it's a product of culture.

I hope I'm not being too convoluted. This is important to you practically because you are going to see women who are going to come before you, and even they themselves will sometimes say to you, "My culture says it's okay." What they're saying is that the community around them is condoning the behaviour, but it doesn't have to be core to who they are culturally.

It's the same when we heard all the disclosures that were happening around the Ghomeshi affair. These women were pretty mainstream women with middle-class expectations—for the most part, white women. They had access to all kinds of society's social goodies, and yet they believed that it was part of the culture that they should not speak out. So when we say "culture," we have to be very careful that we're not ascribing to particular groups or racialized populations that there's some excuse for violence in their community.

The voices of those who experience harm, of course, are crucial to the design of solutions, which is why you've designed your committee this way. So in reaching out to them and hearing from them, we need to be careful that we are never in a position of being paternalistic—I'll give you examples of that as we go forward—not rescuing. These are not conducive to an experience of restoring power over one's own experience.

There's a difference between compassion and pity, and I encourage you to really think about the difference

between compassion and pity. Compassion is what we humanly experience when a story affects us and we want to show that we're human and it's affected us. That's different from, "Oh, that poor thing, I don't know how she survived;" "Oh, my goodness, that woman was incredibly resilient." Those are two different ways of looking at the same story.

I think it's important for you to have a working definition of violence. I know you've called it "sexual violence and harassment." I think it's helpful to have a working definition. That doesn't mean that you're necessarily going to exclude—I don't want you to get stuck on that. Oh, my God, three parties trying to come up with a definition. I can't even imagine.

However, I have provided you in my notes with the UN definition of "violence against women," and it's a useful start—and you don't have it yet. I didn't want you shuffling paper. So I'm leaving it behind; I will leave that with you. Consider it just a backdrop, because it gives you a picture of the range of contexts in which violence can take place. You may hear from all those different contexts.

The Chair (Ms. Daiene Vernile): Could you please, for the record, just read that definition for us now? Is it very long?

Ms. Amanda Dale: No, it's not super long. I have a modified version of it, because I made it a little more plain language and a little less global in focus because of my clinic's context. I have a definition of women too, which is also going to be helpful to you—somewhere I have it. Violence—

Interjection.

Mr. Taras Natyshak: Chair, she doesn't have to read it out. If you want to leave it for our reference, that's fine.

Ms. Amanda Dale: No, no, I have a smear on my glasses and I don't have a cloth. That's the truth of what's going on here.

Mrs. Marie-France Lalonde: I can help you with that.

Ms. Sylvia Jones: First problem solved.

Ms. Amanda Dale: These human problems.

Interjections.

Ms. Amanda Dale: Oh, you've got the whole thing. Wow. This is, like, super prepared.

Okay. I am not entering middle age very gracefully at all. I'm like, "What is this thing on my face and why is it there?" I've never worn glasses until I had to for reading.

Interjection.

Ms. Amanda Dale: I'm really bad. I put them on my head and I do all sorts of things that I'm not supposed to do. Okay. Thank you very much.

Violence against women means any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering, including financial, structural, institutional or spiritual, to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

It is also true, as I mentioned to you before, that it happens in all cultures, that it's based on an abuse of

power, whether that power is immediately observable to the person who's hearing about it: "But you have your own source of income. Why did you put up with it? Why did you stay?" That's often the kind of question that is being asked. So when I say "power" here, it doesn't necessarily mean transparent to the observer; the power dynamic can be deeply psychological. It can be embedded in wider social mechanisms of feeling ashamed or feeling, "Maybe I had an experience of violence when I was very young and this is triggering my sense of powerlessness in the moment, even though externally to the world I look like I've got it all." That can be important: to not show incredulity in the face of a description of something that doesn't meet your expectation of what a situation of violation might be to the person who's testifying to you.

It's also true that women in every culture have ways of working together to stop violence, and it's important to not assume that there isn't some network of support, although, in some cases, women are completely isolated, so both things are possible.

I guess the overarching proviso would be not to assume you already know before the person has spoken to you and to check your assumptions as you're hearing them play in your head: How is that possible? Why would she do that? Why did she put herself in that situation? All of those kinds of things that come into your head are going to affect the way you respond.

1620

As a committee, you want to be analyzing your own reactions to stories so that it's not written all over your face. I don't know about you, but I have been told by the people close to me in my life that I have no aptitude for poker. Whatever I'm thinking is written completely all over my face. So I need to be mindful, when I'm struggling with something that I don't understand, to have a dialogue in my own head that this is me having trouble. I shouldn't translate it into disbelief of the person who is across from me.

I think the primary thing you need to know in your role, and to know very deeply, is that these kinds of experiences are about a loss of power—being overpowered—a loss of autonomy, a loss of a sense of control. So in your process to hear such stories, you're going to look for every opportunity to restore that sense of control. That's where my difference between compassion and pity comes in. Pity is a disabling emotion, I think. It tends to diminish the strength of the person, who must be incredibly brave and strong—and I don't mean that in a patronizing way. This person must be incredibly resilient to have gone through something and to be willing to come to a room full of strangers to make that statement because they know that greater social change is going to come from their own experience. So treat them with the same dignity and peer-to-peer respect that you would any other member of the committee or someone like me.

I realize that this is a difficult balance, because at the same time, somebody may be needing to express their emotion. Political processes are not generally the best

places to be expressing raw emotion. The rest of society isn't so good at it, either. In a public forum, if somebody is brought to tears, we tend to think, "Oh, my God, we have to shut everything down because they must be traumatized." We need to be careful that we don't make that assumption.

There's a very interesting juxtaposition between our justice system in the dominant part of Canada and in aboriginal justice systems, which see the moment of emotionality as the turning point in the legal process, and that staying with the emotion is actually an important part of the legal process; whereas in our courtrooms, we adjourn. So just bear in mind that you may see displays of emotion which are uncommon in these kinds of committee rooms or whichever rooms you are in in whichever parts of Ontario, but that that emotion, if given space and respect and time and the autonomy of the person to respond to it the way they need or want to, is actually part of what needs to happen for them to tell the story.

It would be important for you to also think about ways of providing for what, in research, would be an ethical framework for asking somebody to impart these very personal stories for the use, if you will, of the committee, by thinking about whether you can partner with local agencies wherever you're having these hearings to ensure that there's access to some kind of support for anybody who really—for everything I've said about resiliency, we need to be mindful of providing adequate support so that people aren't just revisiting their stories in a way that leaves them worse off than when they came in. That's something that you might consider. I don't know exactly how you would make that a mechanism, but certainly in research ethics, we have very clear guidelines about not extracting information without some benefit or some support. You're obviously in a different situation, but I think maybe there's also a way—and maybe we can talk about this when you're further on into the process—to make sure that there's a clear understanding on the part of the person who's giving you information about the effect that their information is going to have on bettering the environment in Ontario.

For most survivors of any form of violence, one of the main things that helps them heal is a sense that they can make change for others. This is why women, no matter how awful their—oh, sorry. Go ahead.

Mr. Taras Natyshak: Sorry, can you say that again? Can you say that entire sentence again?

Ms. Amanda Dale: I'm not sure I can. I'll try.

One of the main ways women—in my knowledge, it's women, but I imagine it's also true for men—who experience violence can heal is by understanding that they have been part of making change for others, that the next person doesn't have to suffer what they suffered. It's a big motivator for why women, despite all the barriers and all the really terrible things that happen to them in the criminal justice system, do it anyway.

The Chair (Ms. Daiene Vernile): Our job is going to be to listen to the people who are coming to speak before

us, but you're saying that we ought to be interacting with them and recommending that it's important for them to speak up because they may be changing things in the future for other people.

Ms. Amanda Dale: I think it's a good framework to offer them so that they're getting something back. They're giving you a lot, and I think the exchange needs to be a little two-way for them to not experience a hollowing out of their very intimate experiences to a room full of people who are complete strangers, and then they go. There are very few things you can offer in that context, but that's one of them.

The Chair (Ms. Daiene Vernile): Question?

Ms. Sylvia Jones: Sorry. I don't want to interrupt your flow—

Ms. Amanda Dale: No. God, there's no flow. Go ahead.

Ms. Sylvia Jones: Well, actually, there is, because you're giving us lots to think about, so thank you for taking the time today.

There are a couple of things in particular that I wanted to get your feedback on. You talk about the need for the presenters to express their emotion. I think we all get that that's going to happen and that's going to be part of the process. But we as a committee also are looking at the end of this process: to be able to come forward with some consensus-based recommendations. So without asking the presenters to get to the recommendation stage, how do we ensure that we get feedback and suggestions and not only—

Ms. Amanda Dale: A personal narrative.

Ms. Sylvia Jones: Exactly. So help us with that.

The Chair (Ms. Daiene Vernile): I want to jump in before you answer that. Just think about your answer.

I just want to let you know, Ms. Jones, that at the end of this process, each caucus is going to have 20 minutes to ask questions. So if you want to start writing your questions down now—but we'll let you answer that question.

Ms. Amanda Dale: Sure, absolutely.

The Chair (Ms. Daiene Vernile): But then we'll keep the questions till the very end.

Ms. Amanda Dale: A friend of mine uses the expression, "It's not rocket surgery." I think in some ways, it is self-reflective common sense. I'm not dismissing your question at all; I think it's a crucial question.

Let's say you were with a friend, and the friend was telling you some very difficult information about themselves, but you knew that they needed to achieve something by the end of the conversation and you only had so much time. What you would most likely do to be respectful is to say, "Susan, this is incredible, what you're telling me. I'm really glad you're telling me. I have only got 15 minutes, and I'm concerned that this, this and this are going to happen for you unless we get to these elements that you want to relay to me, so I'm wondering if you can tell me what would have helped. What would have made this different for you?"

1630

Ms. Sylvia Jones: And we can definitely do that. We can actually do it in the ads that we send out asking for presenters. I guess I'm concerned about: 15 minutes in, and we want to hear the recommendations, their suggestions for improvements. How do we balance that need for the persons?

Ms. Amanda Dale: Yes.

The Chair (Ms. Daiene Vernile): Again, Ms. Jones, I would recommend that you save your questions until Ms. Dale is finished—

Ms. Sylvia Jones: Oh, I thought you wanted back-and-forth.

The Chair (Ms. Daiene Vernile): —and then we'll have you ask your questions.

Ms. Amanda Dale: Okay. I think what you've got before you is also going to be—sometimes you're going to hear things, and the person themselves may not necessarily give you a specific recommendation, but you may discern from what you've been told that there were a bunch of problems, a bunch of obstacles, that need to be dealt with. You may not know exactly how to deal with them yet, but you may say, "Wow, I didn't know there was such a problem with emergency wards. Can this committee look at what's been done provincially to make emergency wards better prepared to deal with this issue when it comes in the door?" Maybe she herself doesn't say, "I think you need to fix those emergency wards," but she may be telling you a story where she came into an emergency ward and no one asked her the question, and she was there for eight hours and got sent home because nobody asked the right question.

I'm giving that as a random example, but you may get information from somebody who isn't prepared to give you a policy recommendation. In my experience, survivors who are still very engaged in their own material—by "material," I mean their own story and the unresolved aspects of it—are going to have one very specific thing to tell you, and they want your reassurance that you're going to fix that one very specific thing. They may actually have had an anomalous experience, or they may actually not have understood the legal process and not understood why they had to go to two different courts for a matter.

You may take that and say, "We've got a mandate that gives us the potential to radically alter how we hear these issues, and we're going to recommend"—I don't know—"advocates for women who are charging somebody with sexual assault," so that they have someone to walk through the process with them, even though they don't have their own representation as far as the court is concerned. They may have a non-legal advocate who can walk them through that process, and that's how we're going to address what this woman says.

She might come in here and say, "I need my own lawyer. Why am I not allowed to have a lawyer when I charge someone with sexual assault? He gets a lawyer. I didn't get a lawyer." She may not understand that it's not actually in the purview of the court to have a witness to a

crime have her own lawyer. She's theoretically represented by the crown. We know that there are gaps in the legal process, and that the crown's interests aren't the same as her interests, but she's really only there as a material witness to a crime, as far as our justice system is concerned. We may look at that and say, "Wow. That may work in other crimes; it doesn't work in this crime. We need to bring a solution." We're not going to give her what she wants, a lawyer to represent her in every case, but we might find a solution that does give her what's at the heart of her issue.

There's enough information in the folks who've been looking at policy and have been looking at these issues for a good 30 years that there's kind of a basket of goodies you can pull from as solutions to any one of these issues that a woman might bring forward.

How are we doing for time?

The Chair (Ms. Daiene Vernile): You can talk as long as you like. When you're done, our caucuses are all going to ask you questions in order. We have you until—you said 5:30?

Ms. Amanda Dale: I was told five.

The Chair (Ms. Daiene Vernile): Five, okay. Would you like to take some questions?

Ms. Amanda Dale: Yes, I'd be happy to take questions. I don't have a set agenda here.

The Chair (Ms. Daiene Vernile): We are going to begin with the Conservative caucus. Do any members have any questions for Ms. Dale?

Ms. Sylvia Jones: Yes, thank you very much. At the beginning of your presentation, you made reference to your work now, which is dealing with legal reform. I happen to be the Attorney General critic, so my ears perked up. You understand, because of your work, the difference between federal and provincial jurisdictions. Are there areas that you see our committee playing a role in the provincial side on the legal reforms?

Ms. Amanda Dale: I do, and I would say—I'll give you a brief answer and then ask you to invite me back. When you're further along in the process and you're not looking just at creating the climate for survivors and victims to come forward, but looking more at what came out of that process and what you're hearing from Ontarians about this issue, then I would be happy to address specific things that you're hearing and what are some of the solutions that might come out of that.

The non-legal advocate that I just mentioned is something that has worked in the Family Court process, and so it was top of mind because we run the Family Court support program for all the Toronto-area courts. These are non-legal staff who—the legal system is confusing to anybody, including law graduates. So, for a person whose only encounter with the legal system is because of a crime committed against them, it's just impossible for them to understand that the court is not actually there for them, in the main; it's there for a conversation between the state and the accused. Being peripheral to something where you feel you have been the centre of the problem—you've experienced the prob-

lem—is very hard for women to understand, for good reason. So I think that process needs maybe some modification that doesn't interfere with the accused's rights to a fair trial but that is cognizant of the difference between a victim of sexual assault and other kinds of crimes that might come before the court.

The Chair (Ms. Daiene Vernile): All right. Do you have any more questions? Yes, Ms. Scott?

Ms. Laurie Scott: How much time—

The Chair (Ms. Daiene Vernile): You've got a few more minutes.

Ms. Laurie Scott: I just have a technical question—and I appreciate your offer to come back, because I think that's better. If we have witnesses coming in—very sensitive situations, and we're trying to run a structured committee here. If you said 20-minute rotations, is that too much? Is 30 minutes too much—

Ms. Amanda Dale: Oh, okay.

Ms. Laurie Scott: We don't usually have these types of deputants. There are select committees—Sylvia has more experience.

Interjection.

Ms. Laurie Scott: Yes. We want to, as you said, give them time to tell their story. What do you suggest?

Ms. Amanda Dale: I think in some ways it doesn't matter. I don't mean that to sound flippant. If you are clear from the outset about what's being offered, and you're respectful in managing those timelines, and if someone is clearly in a great deal of distress, offering them some alternatives: "We're really appreciating what you're telling us. You don't have to stay till the end of this today. We can invite you back. If there's another time that would be better for you, or if you'd like to come with someone to support you, we're still here. We're going to be here," for whatever duration of time you're in whatever location. "We'll make arrangements for you to come back."

Also, I find we get clients in the clinic all the time who are highly distressed. I'm a very busy executive director; sometimes they want to talk to me because I'm the big cheese and they think that will get them some kind of recognition of their situation that maybe the counsellor won't, and I'm simply really honest: "I will hear what you have to say, for sure, but I need to warn you that I only have five minutes." Then, two minutes before five minutes comes, I say, "We have another two minutes. I just want to make sure you get to tell me what you want to tell me."

1640

One of the things I'm going to say in my notes to you that I'm leaving behind is to be honest. Be direct without being nasty. Direct is very respectful. Starting to roll your eyes, shuffle your papers, get worried or look at each other and go, "Oh, what are we going to do here?"—that's not respectful, because she won't know how to read that. But if you're saying, "I can hear that your story is actually longer than the time we've given you, and I just want to bring you back to what the committee can and can't do here. I appreciate you coming to tell us this,

but I'm afraid we're getting close to time. We have about another 10 minutes. If you could tell us what you want us to know in the next 10 minutes." Just be direct and clear and respectful, and I think that will do you well.

The Chair (Ms. Daiene Vernile): We want to be respectful of time with all of our caucus members, so we'll come over to the NDP. Do either of you have any questions you'd like to ask?

Mr. Taras Natyshak: We certainly do. Thank you very much for your presentation. It's most helpful. I'll take your last bit of advice right to heart, and I will be very direct: I have nine questions for you. They are derived from my colleague Peggy, who is under the weather right now, so I'm delivering them on her behalf.

Number one: Is it appropriate to refer to survivors of sexual violence and harassment as "victims"?

Ms. Amanda Dale: It's a very good question. People are divided on that one. Probably for the person themselves, it's better not to. The legal system uses that term. We use it because the legal system uses that term and we have to be clear about who we're speaking about in the legal process. But most survivors like "survivors."

Mr. Taras Natyshak: When asking survivors to explain their experience, how can we ensure that they feel safe and well supported?

Ms. Amanda Dale: Well, I think we've talked about some of those things. I think being clear about where the information is going is going to be really crucial. Someone's recording what they're saying. What's happening to that recording? Be express and explicit about that. Don't fudge it. Don't sugar-coat it. If you're allowed to—and I don't know if you're allowed to—you might even offer off-the-record. If somebody wants to speak to you, but they don't want it recorded anywhere, it may be useful to you as background information as a committee, but they may not be comfortable with having it recorded. I don't know if that's possible for you.

Ms. Laurie Scott: Yes—

Ms. Amanda Dale: Okay. So be clear about all of those options up front, I think.

Mr. Taras Natyshak: Should questions be closed or open-ended?

Ms. Amanda Dale: I think you should boundary what it is that you want to hear, because your purpose is not to be a counsellor. As a counsellor, in certain modalities of counselling, I would ask open-ended questions, but I'm going to see her for six months, every week. In your context, I think you need to be clear about the difference between a therapeutic process—because people will use a public forum as a therapeutic process—and what the goals of the committee are, and what your limitations are.

Be frank: "We are all members of Parliament. We represent our ridings. We are here to advise Parliament as to the best way to make this situation that you've experienced better for the next person. What you're telling me about what you need in terms of counselling, I will be reporting back as a gap in services in your community, but I won't be able to provide you with that service. We here don't have those skills." However, it

might be useful for you to have a list of resources for all of the communities you're in, so that if somebody comes to the committee and you're concerned about their well-being, you have something to give them to go away with.

Mr. Taras Natyshak: Is the term "rapist" appropriate?

Ms. Amanda Dale: Use the language she uses. "The person who did this to you" is also okay. Not every woman has had the opportunity to engage with the official language of how we in the services talk about this. I've spent 30 years thinking about this. I have shortcuts in language that a woman who has never told anyone this story and doesn't even know if it's really what you're talking about—"Is this actually abuse? I'm not really sure." Most women, when they come forward, don't actually know if what they've experienced was abuse, so they don't use the term "abuse." If I put a flyer out that says, "Group for abused women," all the women who have never talked to anyone aren't going to come. "Oh, what I suffered wasn't abuse."

So use the language she uses, would be my advice.

Mr. Taras Natyshak: Is it appropriate for males or male MPPs to ask pointed questions of the victims of sexual violence and harassment?

Ms. Amanda Dale: I think you need to ask her, "Is it okay if I ask you a question? I have a question. Is it okay for me to ask you?"

Not all women believe the same thing about this. In our clinic, we're all women staff. We've created deliberately an environment where the presence of men is not actually a question. But I believe that not all women feel that way, and in my work with the police I've heard women say that they really appreciated speaking to the male police more than the female police because there was a sense of restitution.

I don't think we always know the answer to that. You could adopt a policy that the women on the committee take the lead and your questions are channelled through the women on the committee. You could adopt that policy. I think it would be a principled stand, but I don't think it's necessarily required.

Mr. Taras Natyshak: Should we ensure that all electronic devices are turned completely off while survivors are describing their experience?

Ms. Amanda Dale: Oh, yes.

Ms. Sylvia Jones: Yes, a thousand times yes.

Mr. Taras Natyshak: Thank you very much.

The Chair (Ms. Daiene Vernile): I'm going to need to go to the next—

Mr. Taras Natyshak: I've got three more questions, Chair. Were we given 20 minutes, or how many minutes?

The Chair (Ms. Daiene Vernile): We're now reduced—

Mr. Taras Natyshak: Oh, you said 20 minutes for the entire—

The Chair (Ms. Daiene Vernile): I apologize. I was unaware that you were leaving at 5 p.m.

Ms. Amanda Dale: I don't actually have to leave at 5, Madam Chair, if you want me to stay a little bit longer. I was told I was leaving at 5, that's all.

The Chair (Ms. Daiene Vernile): All right. Then, Mr. Natyshak, please continue and we'll get your questions on the record.

Mr. Taras Natyshak: I can kind of condense them. How do we ensure that we're validating the experience of survivors, ensuring a respectful environment for presenters and that we approach sensitive issues without making survivors relive their experience?

Ms. Amanda Dale: Tell me what in what I said hasn't helped you with that. What's missing?

Mr. Taras Natyshak: It all has—

Ms. Amanda Dale: That wasn't a defensive question. I don't know a specific answer to that. It's kind of a bunch of things that create an environment.

Ms. Peggy Sattler: You had said at different times in your discussion—at one point, you said have a staff person from a local agency and then at another point you said have a list of local agencies. Would you recommend that this committee have a staff person from a women's shelter available?

Ms. Amanda Dale: In an ideal world, yes. But we know our services are stretched across the province. My sisters in the shelters across the province may be sending me poison-pen letters if they know that this recommendation came from me. I think it's worth reaching out to your local women's services and finding out if there's a way for them to prepare for the possibility that, even if they can't have someone on hand, their number is available and they understand that you're in town and here's the duration. They might want to be prepared for extra calls.

1650

Ms. Peggy Sattler: Okay.

The Chair (Ms. Daiene Vernile): Thank you. We'll now move over to the Liberal caucus. Yes, Mrs. McGarry?

Ms. Amanda Dale: Sorry, can I interrupt myself?

The Chair (Ms. Daiene Vernile): Yes.

Mrs. Kathryn McGarry: I will hand over.

Ms. Amanda Dale: To respond—I am very skilled—I want to respond just a little bit more specifically. It's a bit in the weeds, but in response to your question, I think you also need to be aware that there is a provincial assaulted women's helpline. It would be possible for the committee to reach out to that helpline—because they're provincial and they're a 1-888—to indicate to them what your schedule is and advise them that it's possible that they might see a spike in calls across the province as you come through, and then provide that number to any deputants that you see.

The Chair (Ms. Daiene Vernile): That's very useful information. Thank-you.

Mrs. McGarry?

Mrs. Kathryn McGarry: Thank you, Chair. Thank you for your presentation. I've had a lot of experience dealing with women who are just disclosing. I am a nurse by background. I worked for a long period of time at the Hospital for Sick Children, as well as in emergency

departments across Ontario. So I'm fairly sensitive to that.

My question to you is this—and these kinds of things have made me wince in the past when I've been present at some of the situations where women have come in. They're in full disclosure, and either the police officer or the physician or somebody else comes in and asks them questions in an insensitive way. It makes me wince. So my question to you is: If a member of our panel asks a question that seems to be insensitive and uncomfortable for the witness and that questioner doesn't note it, how should we as committee members step in to try and support the witness in a sensitive way?

Ms. Amanda Dale: You have all kinds of cultural issues in your own environment that I'm not sensitive to. You have cross-party issues. There could be all kinds of things that arise between and among you that aren't really about the woman at hand. I guess this is the opportunity to rise above all of that and to know who's important in the room at that moment and to assume that if your colleague is interrupting you to say, "I notice that you look distressed. Please understand that you don't need to answer that question if you don't want to"—so you're constantly reasserting the autonomy of the woman.

This is not a court of law; this is entirely voluntary. The veracity of the story is not really at issue. You're not here to prove beyond a reasonable doubt that this happened, or even on a balance of probabilities. You're inviting Ontarians to tell you what you need to know to change the world that they live in. Constantly reasserting that with each other and reminding yourselves that the person who's in the room giving you this information is giving you all a sacred trust to protect and that together you need to do that—so if you feel genuinely—not for partisan reasons, but genuinely—that your colleague has overstepped a line and you want to offer a lifeline to that woman, I say: Go for it. But do it gently, because the conflict between you is distressing to her.

The Chair (Ms. Daiene Vernile): Mr. Rinaldi?

Mr. Lou Rinaldi: Thank you, Ms. Dale. Although I'm not a regular member of this committee, this has certainly been a huge learning exercise to share your insight.

Part of my question has been answered, but I just want to go a little bit further. As we deal with this particular issue that the committee is dealing with—and I think we all recognize that it has many faces, in some cases many different definitions, because what the definition to me is might be different to you, and we're trying to capture all that. We don't want to, I guess, try to leave any stone unturned, for lack of better words.

You advised us to reach out to centres, to the helpline. I guess a bit of my concern is that some of these women that have become victims—or survivors; you know the terminology—who are not at the forefront, whether it's a shelter—they're reserved, I guess. Any sense of how we reach out to make sure that—after a day's session, I can go home at night and I can say, "Man, we really reached out to the end of the world." Any other, I guess, advice on how we reach out to these stranded women who are a bit reluctant to come out?

Ms. Amanda Dale: I guess my question is: To what end? If you want to reach the most isolated women because you want to make sure that you've heard what doesn't work for them and why they haven't come forward, then you need to also realize that in reaching someone who has never talked to anyone before, you've also been given a responsibility to connect them to something so that they have some support, because you've set an expectation. It's always the perennial problem: How do you know what you don't know?

The women who are the most isolated are going to be reached differently in different communities. We saw, for instance, a huge outpouring of connection through social media during the Ghomeshi affair. These were young women who had never told anyone. Social media, which is absolutely the most public forum, was the way that they connected. There will be other women for whom such a public forum would be the last thing that they would do.

I don't have a single answer for you. Some of the ways that we've reached out in the past have been through community newspapers. There are a lot of ethno-specific newspapers across Ontario. We've reached out, when we've done law reform work, to ensure that those women understood their rights. You will need to look at the possibility of needing language interpretation if you want to make this actually accessible. That's not necessarily in your budget, but I think there are going to be women who would come forward if they knew that they had a skilled language interpreter in their language. Even if they speak some English, these kinds of emotional issues in your first language is always easier—for most people, it's easier. I wouldn't say "always." Some women learn this language in English and don't have it in their own language.

We actually discovered a whole group of women who have never told anyone, who have never had support, who were going into the family courts. It may be the same in criminal court. Women who are only there because of the legal matter have never identified this issue before to anyone and are unrepresented in the courts system are often the most high-risk women. I don't know what your parameters are for outreach, but there will be women experiencing the court—even though we know it's only 10% of all sexual assaults, there will be some women going to the court who don't have any other support.

The rape crisis centres get calls from women who don't take their case anywhere but need to talk to someone. The rape crisis centres across Ontario have an umbrella organization. You might reach out to them and find out, "Is there a way that you believe some of the women that you speak to would find it helpful to their situation to be able to tell a parliamentary committee about what needs to change?"

I haven't given it a lot of thought, but that's kind of just off the top of my head.

Mr. Lou Rinaldi: Thank you.

The Chair (Ms. Daiene Vernile): Ms. Lalonde.

Mrs. Marie-France Lalonde: Thank you very much for this. I found this very interesting. I come from a social work background and I candidly will say that it has been years that I haven't practised social work. But during my social work years, when I used to study, we talked a lot about making sure that we know ourselves, that we understand who we are as a person. I guess for me, and I'll be very frank, is that, although I have studied in this and practised, I'm somewhat concerned sometimes that there may be situations that could potentially conflict us, as members of this committee. My way of asking and reaching out to that witness, that survivor, may feel like an interrogation instead of just empathy and trying to ultimately get to the bottom of their story, or reaching out to this person in the sense of having some recommendations. That's ultimately what this committee—how would you address that?

1700

I think that some situations may confront us, by our backgrounds and by who we are as individuals. How do you manage those concepts internally?

Ms. Amanda Dale: Okay. There are three things that I'm thinking, from what your question is. One I've addressed slightly at the beginning, which was to ask yourself why you are asking the question, before you ask it. It requires a kind of internal delay switch where you allow yourself to rattle around a little bit in yourself.

And now I'm really going to sound like a social worker, even though I'm not: It requires paying attention to your own reactivity. Sometimes that's only in your body; it's not actually a thought. It's like you're tense; you're fidgeting; your stomach is in a knot; you feel irritable. You have to slow everything down to figure out it was just that what she said hit a nerve for you. Why is that? You don't have to get into a big internal discussion about fixing that. Just notice it, and that will help you stop translating it into behaviour to her.

That sounds esoteric, but it's probably a skill that you have to exercise when you're irritated by your colleague or the person across the floor—or maybe not; maybe you just let it rip. But I think there's a way in which we all have to develop that internal delay switch that allows us to reflect on why we're responding in the way we're responding.

I'm going to say this to you, because it's true for any group of people who are hearing this kind of material: It will affect you if there's any stone unturned in your own life. If there are any intergenerational secrets that never got told; if there's an experience in your own past; or if there's an experience from your daughter, your son, your cousin or your next-door neighbour, it's going to start preying on you, because that's what this work does. It makes us all look at the ways in which we are also part of the public that we're hearing from.

I think that's just natural, and it's better to be prepared for it than to deny it and then have it become cynicism, irritation with the witnesses, disbelief that this could

happen to her, anger at her for putting up with it. These are all signs that we've been irritated by something and it has hit home, and we need to figure out what that is, so we can go on with our work.

The Chair (Ms. Daiene Vernile): Thank you. We're going to move on now to Mr. Hillier.

Ms. Amanda Dale: Okay.

Mr. Randy Hillier: Thank you, Amanda. It's deeply appreciated, you being here and sharing your insights and experiences with us, and providing some guidance and advice to us.

Earlier, you talked about how one of the important elements was a respectful forum for disclosure. I just want to dig into that a wee little bit. Not that I've got a wealth of experience, but in my experience in going to women's shelters and talking with survivors, it has always been in a very casual and relaxed—as relaxed, you know, around a kitchen table type of environment.

I want to ask you: You're here today. You see how the general format, layout and environment of a legislative committee operate. Is there anything that you see that is problematic in that layout—or any thoughts or suggestions on how that might be improved upon?

One of the other things that we often did when I attended shelters is that the survivors would use their first name and maybe location of residence, but not fully identify themselves. Do you have any thoughts on the physical environment and how we conduct ourselves in the committee?

Ms. Amanda Dale: Yes, I think those are all good points. I would offer the choice. We recently had the case of a woman who was very disturbed and upset that the courts had automatically protected her identity when she was going through a sexual assault trial. That is the default position, to have a publication ban. She was insulted by it because she felt she wanted her name out there and she wanted to tell her story. She may be the exception, but it is possible that she feels insulted by being overprotected, so I would offer the option and not necessarily have a default position. But I think it's a good idea to offer whatever level of anonymity makes it helpful for them to feel safe, as the environment that you were referring to.

I'm used to these kinds of fora and it's hard for me to remember being frightened by them, but I think they're intimidating, inherently. I think it will too closely replicate the forum of a courtroom, particularly for somebody who wants to tell you about how awful that was.

The degree to which you can—professional but friendly, I think, is what you want to convey. You don't want to go overboard on the casual, but be professional but friendly, and cheerful to the extent that this building could ever be cheerful, or any of the others that you are going to find yourselves in across Ontario—like maybe not the Legion.

But have as much of a professional, friendly environment you can, and maybe there will be certain communities where it will make sense to hold it in a women's service. Maybe there's a women's centre that will have a

meeting room for you, or a health centre or something that's a little bit less rigid. Again, I'm shooting in the dark because I have no idea what's possible.

Mr. Randy Hillier: Yes.

The Chair (Ms. Daiene Vernile): Ms. Dale, I want to be respectful of your time. Are you able to stay for just a few more minutes if we have questions?

Ms. Amanda Dale: Yes.

Mr. Randy Hillier: One follow-up: We've spoken a lot this afternoon. This committee has a broad mandate. I'm just wondering if there are any other specific thoughts or ideas that you might want to share with us when we're dealing with younger women or men. Because this committee, like I said, has a fairly broad mandate. Is there anything unique or different that we should be looking at with teens? I'm not sure what age group we will actually be having here.

Ms. Amanda Dale: I like facts and research and putting things in their wider context. If it were me—and you asked me, so you get it—I would look at what the research is already telling us and then try and tailor the methodology to be able to get at those pockets of people in about an equal separation. So if we know that the largest number of experiences of sexual violence is between the ages of 14 and 25, let's make sure we're able to access that population. Why not ask some of the leadership in that age group to inform the committee about some specific ways they think might inform that process?

There are a number of sexual assault centres across the campuses of Ontario. There is a really interesting group at OISE of young women who have been designing curriculum on sexual assault called the Miss G group. They have lots of great policy ideas and lots of interesting ways of engagement.

I can give you my thoughts, but I'm over 30, just a little bit. My staff instruct me on what we need to do, so I would be giving—it would be a little bit of broken telephone. But certainly I think the environment you do it in—you may have a host that is a local group that folks are already comfortable with. For instance, the YWCA has a girls' centre in Scarborough. If you want to hear from young women what's really happening in high schools, maybe the YWCA will host you to hold an open forum with the girls who come to their programs, and they'll have an opportunity to send out a flyer and get them engaged.

1710

It's not always a bad thing to have a community agency be an access point because, although I know you're concerned to make sure they're not just already the people you've heard from, as it were, it does give them the opportunity to form their policy asks. It's a bit much to ask someone to tell their story and then tell you how to change the system all in one go. You might have a mixture of methods, and that might be one of them.

The Chair (Ms. Daiene Vernile): Thank you. For equal time, we're going to come over now to the NDP.

Do either of you have any more questions you wish to ask? Okay.

To our Liberal caucus, do you have any questions you'd like to ask? Yes, Ms. Malhi.

Ms. Harinder Malhi: Sure. We're talking about culture, and you said that violence is not about any specific culture and it's not a cultural behaviour, but at the same time I think that—could you give us a little more direction on how to approach things with cultural sensitivity? Coming from South Asian descent, I know that a lot of women would be more uncomfortable in a room, like you said earlier, with men. So how would we approach it when we're looking at different values, different cultures? They all have different ideas of what's appropriate and what's not.

Ms. Amanda Dale: Again, I would say that you might get some assistance from agencies that are already working with survivors from those populations. I think you're right, that it's important to create some fora that are women only. That would not necessarily be the whole methodology for the whole committee in every scenario, but it might create those opportunities, and you would clearly demarcate it as such.

Again, the environment is going to be important. A very formal, stiff environment is going to be difficult for a number of women to come forward into, and it will self-select a group of women who are already fairly comfortable with the mainstream bureaucratic process. So to the degree that you have that flexibility, I would activate that.

Again, having interpreters available is going to make a huge difference. Every community in Ontario has an interpretation service where those interpreters have been trained to deal with the issue of violence against women. So, all across Ontario, every region has a stable of those interpreters. How you access those, how all that works mechanically I can't comment on, but it's available and I think it's an important aspect of ensuring that you're getting—and in the far north you need to have aboriginal languages. You need to ensure that you're offering a setting in an aboriginal community that allows folks to sit in a circle and experience this as not another intrusion, not another way to—you know, part of the colonial history. You just don't want to activate all that because you won't get the information you're hoping for, and then you'll have a very skewed, mainstream “only this perspective” kind of result; right?

Ms. Harinder Malhi: I have one other question, if that's okay with you. My second question is around youth. I came from the school board, so you get to see a lot of—at the high school level you see so much of what's going on and what kids are being exposed to. Again, we did go over it a little bit, but how are we going to engage that level of youth? Because either it's peer pressure that won't allow them to come forward, or the acceptance. They won't say things because they feel like their behaviour—what's happening is acceptable. How do we empower the younger group of women to come forward?

Ms. Amanda Dale: There are often girls' groups in various high schools. I don't know outside of Toronto, because I'm—

Ms. Harinder Malhi: I'm pretty sure there are, but there are leadership groups and there are peer help groups, and a number of other things that they try to do to mentor.

I know that in Peel we have a specific focus on mental health issues now because we've been through a lot in the last couple of years. So we've tried to grow and expand on that piece, where teachers and counsellors were able to acknowledge that this person may be facing some difficulties. But we don't have access to that information, and those people obviously are being—at the time, we were requesting, if their friends were seeing that they acted any differently or changed their behaviours, to bring that name forward so we could monitor more closely. At the same time, those are the people who aren't going to come forward, and those are the kinds of people we want to help to tell their story and to feel empowered, so they can share with other members of that age group, that teenaged group, who may be facing it at home or at school.

Ms. Amanda Dale: I'm going to give you two responses to that. One is that you don't have to do original research on every corner of this, because others have done some of that work. The committee can avail itself of some of the work that has been done, and that can still inform your process. You don't literally have to have heard from every individual to have that perspective enter the recommendations that you make. Don't be fearful that you haven't uncovered every stone. There are other people who are better positioned to uncover those stones who have that information for you. That's the first part of my answer.

The second part, to not avoid your question, is to say that, again, there may be community- or school-based intermediaries who can open those doors for you. You may go out to Danforth Tech, as long as it's still open, and hold a forum in the gymnasium, but it may be three or four guidance counsellors and a couple of after-school program teachers who have helped you organize that. In Scarborough, it may be a combination of the YWCA girls' program and something at the local rec centre, and you have a room and you're inviting folks to that and you're using their networks to reach out. There's always peer-to-peer information that passes between kids that might bring them in, as well.

Ms. Harinder Malhi: My last question would be—*Interjections.*

Ms. Marie-France Lalonde: Are we okay?

The Chair (Ms. Daiene Vernile): Is it a fast question?

Ms. Harinder Malhi: It's really fast. I promise. Sorry.

If we were to gain information from teachers, educators or people who are in that environment, do you think that would be adequate to describe the experiences that these students may be facing?

Ms. Amanda Dale: I think it's part of the information. I think you assemble the sources of information and

the kind of information that you're getting from different actors, and you name where it came from.

I've done national research on what happens to women after shelter, and I spoke to the shelters to organize having the women come in and tell me what happened to them after shelter. I didn't have the time or the budget to put a newspaper ad in and find women who would never set foot back in that shelter. I got women who came back to the shelter to tell me their story. Arguably, it was skewed. There could have been lots of things I didn't hear, but what I heard was certainly useful.

Ms. Harinder Malhi: Thank you.

The Chair (Ms. Daiene Vernile): Do we have any more questions?

Ms. Laurie Scott: Not for now.

The Chair (Ms. Daiene Vernile): All right. Ms. Dale, thank you so much for coming and appearing before this committee and informing us on some very important points of view. This is very useful to us. May we call you back, would we need to hear from you again?

Ms. Amanda Dale: Absolutely.

The Chair (Ms. Daiene Vernile): All right. Again, thank you, and please stay tuned for our work.

Ms. Amanda Dale: I will. I've got some bump to leave behind for you.

The Chair (Ms. Daiene Vernile): Our Clerk will take these from you.

Ms. Amanda Dale: These are basic notes that are the backbone of what I said to you, I hope. This is our annual report, in which you'll find a couple of stories that may be similar to the kinds of stories you might hear.

The Chair (Ms. Daiene Vernile): Thank you kindly. We may see you in the future.

Ms. Amanda Dale: Yes.

COMMITTEE BUSINESS

The Chair (Ms. Daiene Vernile): Back to our regular business, committee.

Interjections.

The Chair (Ms. Daiene Vernile): Committee members, we're going to get back to our work. We have a couple of motions that were on the floor from last week and we're going to readdress them, as they're being deferred to this week.

The very first one we have is from Ms. McMahon. It was an amendment to an amendment. Would you like to speak to that?

Ms. Eleanor McMahon: I'd like to share with the committee that it is our intention to withdraw this motion, Madam Chair.

The Chair (Ms. Daiene Vernile): All right. The motion is withdrawn.

Now we have another motion, the main amendment—

Ms. Eleanor McMahon: We withdraw that as well, Madam Chair.

The Chair (Ms. Daiene Vernile): Thank you very much.

We have a subcommittee report, and I understand that there is a desire for this to go into—

Interjection.

The Chair (Ms. Daiene Vernile): I'm going to ask that this motion be put on the floor. You all have this before you? This is on the floor.

Ms. McMahon, would you like to speak to this?

Ms. Eleanor McMahon: In light of the withdrawal of the two amendments on our part, Madam Chair, I wondered if I might suggest that we adjourn this committee and meet as a subcommittee, in order to discuss the report moving forward, and then come back to the committee at our next meeting. I table that for consideration and discussion, Madam Chair.

The Chair (Ms. Daiene Vernile): We need full agreement from our committee in order to do this. Are we in agreement? All right. This is now going off to subcommittee.

Thank you all very much. We'll see you in the House, and see you all next week. We are adjourned.

The committee adjourned at 1722.

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SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

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Vice-Chair / Vice-Présidente

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Mr. Han Dong (Trinity–Spadina L)

Mr. Randy Hillier (Lanark–Frontenac–Lennox and Addington PC)

Mrs. Marie-France Lalonde (Ottawa–Orléans L)

Ms. Harinder Malhi (Brampton–Springdale L)

Mrs. Kathryn McGarry (Cambridge L)

Ms. Eleanor McMahon (Burlington L)

Mr. Taras Natyshak (Essex ND)

Ms. Peggy Sattler (London West ND)

Ms. Laurie Scott (Haliburton–Kawartha Lakes–Brock PC)

Ms. Daiene Vernile (Kitchener Centre / Kitchener-Centre L)

Substitutions / Membres remplaçants

Mr. Lou Rinaldi (Northumberland–Quinte West L)

Also taking part / Autres participants et participantes

Ms. Sylvia Jones (Dufferin–Caledon PC)

Clerk / Greffier

Mr. William Short

Staff / Personnel

Ms. Erin Fowler, research officer,
Research Services

Ms. Carrie Hull, research officer,
Research Services



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Official Report of Debates (Hansard)

Wednesday 11 March 2015

Journal des débats (Hansard)

Mercredi 11 mars 2015

Select Committee on Sexual Violence and Harassment

Strategy on sexual violence
and harassment

Comité spécial de la violence et du harcèlement à caractère sexuel

Stratégie de lutte contre
la violence et le harcèlement
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

Wednesday 11 March 2015

COMITÉ SPÉCIAL DE LA VIOLENCE ET DU HARCÈLEMENT À CARACTÈRE SEXUEL

Mercredi 11 mars 2015

The committee met at 1603 in committee room 1.

STRATEGY ON SEXUAL VIOLENCE AND HARASSMENT

SUBCOMMITTEE REPORT

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. The Select Committee on Sexual Violence and Harassment will now come to order. This is Wednesday, March 11, 2015. Our first item of business is to move forward our subcommittee report. Do I have a person who can move that forward? Yes.

Ms. Indira Naidoo-Harris: I will. I'll move it forward—Indira Naidoo-Harris.

The Chair (Ms. Daiene Vernile): Thank you.

Ms. Indira Naidoo-Harris: Your subcommittee met on Tuesday, February 24, 2015, and on Tuesday, March 10, 2015, to consider the method of proceeding on its order of the House dated Thursday, December 11, 2014, and recommends the following:

(1) That the committee begin public hearings in Toronto on March 25, 2015.

(2) That the committee Clerk, in consultation with the Chair, place a notification of public hearings, no later than the week of March 16, 2015, in the Toronto Star, Toronto L'Express, the Ont.Parl channel, the Legislative Assembly website and Canada NewsWire.

(3) That the Chair write to the minister responsible for women's issues to request a copy of an Ontario Women's Directorate stakeholder list and the appropriate contact information to distribute the committee's notification of public hearings.

(4) That, subject to witness response, the committee intends to travel to Sudbury, Thunder Bay and Sioux Lookout during the week of April 6, 2015.

(5) That interested people who wish to be considered to make an in-person presentation during the week of April 6, 2015, contact the committee Clerk by 5 p.m. on Monday, March 30, 2015.

(6) That subject to witness response, the committee intends to travel to Windsor, Kitchener-Waterloo, Kingston, and Ottawa during the week of May 18, 2015.

(7) That interested people who wish to be considered to make an in-person presentation during the week of May 18, 2015, contact the committee Clerk by 5 p.m. on Monday, May 11, 2015.

(8) That, after the request-to-appear deadline, the Clerk will provide the members of the subcommittee with a list of oversubscribed locations so that the subcommittee may prioritize the list of requests to appear.

(9) That if all requests to appear can be scheduled in any location, the committee Clerk can proceed to schedule all witnesses and no prioritized list will be required for that location.

(10) That the minimum number of requests to appear to warrant travel be determined by the subcommittee on a location-by-location basis.

(11) That videoconferencing or teleconferencing be made available to witnesses where possible.

(12) That witnesses be scheduled in 30-minute intervals and be offered up to 15 minutes for their presentation and 15 minutes to answer questions from committee members.

(13) That the deadline for written submissions to be included in the interim report be 4 p.m. on Thursday, April 30, 2015.

(14) That the deadline for written submissions to be included in the final report will be determined at a later date.

(15) That the committee authorize one staff person from each recognized party to travel with the committee, space permitting, and that reasonable expenses incurred for travel, accommodation and meals be paid for by the committee upon receipt of a properly filed expense claim.

(16) That legislative Research Services provide a summary of Amanda Dale's testimony before committee.

(17) That legislative Research Services provide background material on each of the travel locations listed above.

(18) That, pursuant to the order of the House dated December 11, 2014, the interim report be tabled on Thursday, June 4, 2015.

(19) That, pursuant to the order of the House dated December 11, 2014, the final report be tabled on Thursday, December 10, 2015.

(20) That the Clerk of the Committee, in consultation with the Chair, is authorized immediately to commence making any preliminary arrangements necessary to facilitate the committee's proceedings.

The Chair (Ms. Daiene Vernile): Thank you, MPP Naidoo-Harris. I apologize for not stating your name at the beginning.

Do we have any debate or discussion on this subcommittee report? Yes, MPP Lalonde.

Mrs. Marie-France Lalonde: Thank you, Madam Chair. I just have a point of clarification on point number 6. There are four cities. Mr. Clerk, maybe just clarify for me: What does that mean in terms of three days? What's our plan?

The Clerk of the Committee (Mr. William Short): Sorry, where are you getting the three days from?

The Chair (Ms. Daiene Vernile): If I may, we agreed that we're going to travel on three days to three locations, and Ottawa would be handled on a separate Friday at a different time. Is that correct, Ms. Scott and Ms. Sattler?

Ms. Laurie Scott: I don't think we exactly said that. It was a possibility that we may do a separate day for Ottawa. So there was a possibility for three days or four days in that May break, to answer your question. I think it will come back to the subcommittee if there are changes, or maybe the Clerk would like to—

Mrs. Marie-France Lalonde: Maybe that's something to discuss. I just wanted a point of clarification.

Ms. Laurie Scott: It was a possibility, but we ended up settling for four days in the week of May, I think, if that's correct. Right?

The Chair (Ms. Daiene Vernile): I hope that provides clarification.

Mrs. Marie-France Lalonde: Thank you very much. I appreciate that.

The Chair (Ms. Daiene Vernile): Yes, MPP Wong?

Ms. Soo Wong: Thank you very much, Madam Chair. For item number 2 that was read, I know that other committees have expanded advertisements to include the First Nation paper The Turtle. I know that for a fact, for the finance committee. I'm also very concerned, when I look at this list of advertisements, that we have a very diverse Ontario and a very robust ethnic media and that, within the budget of the committee, allowances include that diverse media. At the end of the day, we are concerned by the fact that—because that's what I heard from other committees. So if we are to get a cross-section from across Ontario, we've got to make sure that that diverse community gets informed about our work here, this good work of the select committee.

1610

The Chair (Ms. Daiene Vernile): Yes, Ms. Scott?

Ms. Laurie Scott: I just wanted to know if you wanted to address—

The Chair (Ms. Daiene Vernile): Well, in response to that, at the subcommittee level, we looked at putting the advertisement with Canada NewsWire, and we have experience in the past that many diverse and ethnic media do source Canada NewsWire and will take it from there. If we are going to add that, it's going to change our budget.

Ms. Soo Wong: Okay.

The Chair (Ms. Daiene Vernile): Yes, Ms. Lalonde.

Mrs. Marie-France Lalonde: Sorry, Madam Chair. I have a very deep voice today. I guess I just wanted to—

Interjection.

Mrs. Marie-France Lalonde: Sorry. I'm just trying to sort of reflect, if I may say, on a very positive subcommittee report, that I know that my colleagues and—as I understand, it was very amicable and very positive, actually—

Interjection.

The Chair (Ms. Daiene Vernile): Just a moment, MPP Lalonde.

Excuse me, but this is very disruptive. We can hear you, and it's very difficult hearing the MPP who is speaking right now. Thank you.

Continue.

Mrs. Marie-France Lalonde: So I guess what I'm trying to say—and I know it's nice to see that we can bring things forward in many ways of having amicable and pleasant conversation, but, as I understand, there's maybe a desire among the opposition to amend some of the subcommittee report. Could I get clarification on that?

The Chair (Ms. Daiene Vernile): Yes, MPP Natyshak?

Interruption.

Mr. Taras Natyshak: Pardon me, Chair; I'm going along with the beat here.

Yes, and I thank Madame Lalonde for raising that point. There are two points of reference—point 18 and also point 13—that I think will need to be amended but be brought back as an item for House leaders to discuss in pushing the interim report tabled to June 24, rather than June 4, because obviously the order of the House requires that those changes be done in the House rather than at committee. So if we can just have some consensus around bringing that issue back to House leaders so that they can make those changes through the House, then I think we're ultimately fine.

Mrs. Marie-France Lalonde: I'm going to speak. I don't think we're opposed, per se, to this request, but I want to make sure, and I want to understand, I guess, that the committee is clear about the impact. I look at June 4 as a date where we have the opportunity of presenting to our colleagues how significant this work was. So I guess from a—I'm not sure. I never know if it's the Clerk or the Chair—to understand the process of the request of my colleague.

The Chair (Ms. Daiene Vernile): Just for clarity, MPP Natyshak, are you suggesting that the interim report not be handed in on June 4 but rather at a later date, that date being the 24th of June?

Mr. Taras Natyshak: That's right, Chair. Thank you. I believe that there is some agreement within the House leaders as it is, but it does carry weight if it comes back with some measure of consensus from the committee.

If I might add to the rationale around this, I think we're weighing what ends up being in that interim report because of the nature of the culmination of that information being put into the interim report. There is about a month of testimony that will be left out of the interim report if we don't push it back. So do we provide our colleagues in the House with all of the information and

ensure that the interim report carries all of the information that we have received? Or do we leave them with just a fragment of the information, or a fraction of the information, that we've received, and wait until the final report in December?

I would much rather, and I think members would rather, have our colleagues understand and hear everything that we have learned in that interim report—we're talking about a matter of three weeks—rather than cutting out some important testimony that may happen in the later weeks of our committee.

The Chair (Ms. Daiene Vernile): MPP Wong, you have your hand up.

Ms. Soo Wong: My question to the member opposite who is asking to push it back to June 24 is, what happens if the House is not sitting? Because the House will probably rise, if everything gets done, and Ms. Scott and I have a past history. If the House rises in the second week in June, and you're tabling June 24, what happens?

The Chair (Ms. Daiene Vernile): Just for clarity, I'm going to ask our Clerk to step in and to explain to us what happens.

Mrs. Marie-France Lalonde: Thank you. I was going to ask. No one answered my question and I needed clarification on the impact of this decision, like I said.

The Clerk of the Committee (Mr. William Short): Just to start from the beginning again: Procedurally, if you want to remove item 18 as a committee, that's fine. You would then have to amend the subcommittee report or do a separate motion after the subcommittee report that you guys write to the three House leaders requesting that the interim report be moved back to June 24. There also can be a clause in that request, if there is agreement with the House leaders, where you would table the interim report with the Clerk.

You deposit it with the Clerk. It would then become a public document, just like it would be if the House was sitting. Then, what you can do—there is a past precedent where in that same motion in the House, there would be a line that the Chair would then stand up on the first day back in the fall session and report that the interim report was done on June 24. Nothing would change in terms of the actual report. It would still be a public document on June 24. It would still get delivered to all the members of the committee. But then it would just be reminded to all of the members in the House in September that that happened on June 24.

The Chair (Ms. Daiene Vernile): So technically there would be no one to accept the report and it's just going to end up in everyone's inbox?

The Clerk of the Committee (Mr. William Short): It's deposited with the Clerk. Yes, that's right. It just gets deposited with the Clerk, and then it's the same process as if the House was sitting. Everyone would get a copy of it and it would be a public document.

The Chair (Ms. Daiene Vernile): MPP Lalonde.

Mrs. Marie-France Lalonde: Can I call you William?

The Clerk of the Committee (Mr. William Short): Sure.

Mrs. Marie-France Lalonde: Thank you, William, for this. I guess for me, like I say, I think we're very receptive to this suggestion. I just want to make sure that we are all aware that our concern—and I think it is a valuable concern—is that our report, as important as it is, may get lost when we're not sitting. We may not get the same attention for this report as we would if we had been sitting June 4 and having the feeling of bringing it in the House and bringing it to our colleagues.

The Chair (Ms. Daiene Vernile): Yes, MPP Natyshak.

Mr. Taras Natyshak: If I may, just from my experience in this place, limited as it is, when the House is not sitting and something as special as this special committee report is tabled during the doldrums of summer, when not much is happening in the Legislature, the media tend to grab onto items that come out of nowhere. I think, as a stand-alone item, it may actually receive more exposure than it would have if it was tabled on the second-last day before we recess.

These are considerations that I'm just putting out there. What I am concerned about, certainly, is ensuring that all of the information and all the testimony that we hear is captured in that report, and that we table a full report.

The Chair (Ms. Daiene Vernile): MPP Naidoo-Harris.

Ms. Indira Naidoo-Harris: I think that some of the information in this report will be very valuable and I think that the people of Ontario will be very eager to hear what's in there.

My concern would be, yes, that if it is tabled over the summertime, it may get play in the media; however, people are busy with other things. I think the valuable information that will be contained here will be something that people will want to hear about as soon as possible. I think the more we reduce the delay, the better for everybody concerned, because I think, certainly on behalf of some of the women who are out there who are eager to find out what we've done and what we've been able to accomplish, this is important stuff and they would want that information as soon as possible.

The Chair (Ms. Daiene Vernile): MPP Dong.

Mr. Han Dong: Maybe this is a question to Will. If we table it on June 4, I think the House is still sitting. We may have some opportunity to talk about it. We may get a question to debate in the House or debate at the committee. I'm assuming that there will be committee sessions after the 4th on this report.

If it's tabled on the 24th, while the House is not sitting, do we have any opportunity to discuss and to take a look at its draft form prior to the 24th?

1620

The Clerk of the Committee (Mr. William Short): The current mandate allows the committee to meet at the call of the Chair. The House doesn't necessarily have to be in session for you guys to be meeting. So if you wanted to or needed to sign off on a final draft or have another report ready in the session—a lot of this time

would be taken up, obviously, by printing, translation and things like that during the last couple of weeks, but if there did need to be a meeting called to have a final look at the draft—

Mr. Han Dong: Even when the House is not sitting, a meeting could be called?

The Clerk of the Committee (Mr. William Short): That's right.

Mr. Han Dong: I don't mind. I live nearby. Okay, that's good to know.

Another point—first of all, I'm not against it; I'm indifferent. The 4th or 24th, I think there's a good argument from both sides. But for June 4, we do have an opportunity to invite, other than the media, some of the stakeholders we will meet to come to the Legislature and include them in the introduction of this interim report. I thought that would be a good consideration, but I'm indifferent either way.

The Chair (Ms. Daiene Vernile): Thank you. MPP Scott.

Ms. Laurie Scott: If we delayed to June 24—I'm listening to all the arguments; I can go either way also—we'll have to come back after we rise to finish report writing, which is fine with me, because there will be rough drafts presented and then we'll have to discuss, because we want to do these reports as a consensus agreement with the committee. I'm fine with that, but maybe for other members, it might affect their scheduling. So I just want to clarify that this will require, if we delay it, coming back.

Tabling it is not public, right? It doesn't become public, then, until the fall, just so we all know the rules. If we change it to June 24, it is not public until we come back and until it's tabled? Am I correct in that? It actually isn't public until it's actually tabled—

The Clerk of the Committee (Mr. William Short): What's not actually public?

Ms. Laurie Scott: The report.

The Clerk of the Committee (Mr. William Short): It would become public. If you deposit it with the Clerk, it would become public.

Ms. Laurie Scott: On June 24?

The Clerk of the Committee (Mr. William Short): On June 24, yes.

Ms. Laurie Scott: Okay. Thank you for that.

The Chair (Ms. Daiene Vernile): If I may just add a comment? We determined that if it is published on June 4, we're looking at about 50 to 60 different witnesses who we will have heard from at that point who will be included in the interim report.

Yes, Ms. Sattler.

Ms. Peggy Sattler: Never having gone through this process of having an interim report and then a final report, I wondered if we could hear a comment from either the Clerk or the researchers about the difference between the two reports. I understand in the interim report—as we discussed at the subcommittee—it's going to be a summary of what has been heard. There are not

going to be recommendations; the final report will include the recommendations.

Will the final report also have a summary of the testimony that was received after the interim report? Because I think that is really our concern, that the testimony provided after this cut-off date of April 30 won't be captured in the interim report. Does the final report re-summarize testimony? How does that work?

The Chair (Ms. Daiene Vernile): Our Clerk can speak to that.

The Clerk of the Committee (Mr. William Short): That's up to the committee. As you guys are report writing, you would make those kinds of decisions as a whole. If that's something you wanted to do, it's something you can do. If it's something you don't want to do, it's something you don't have to. That's a decision you guys will make at the report-writing stage.

The Chair (Ms. Daiene Vernile): Yes, Ms. Lalonde.

Mrs. Marie-France Lalonde: To bring sensitivity to my colleagues, I think we feel, although a little concerned, that we want to collaborate. We really want to make sure that this moves on in the right direction. I guess my next question is, what is the next step at this point, Madam Chair?

The Clerk of the Committee (Mr. William Short): You mean in terms of having this happen?

Mrs. Marie-France Lalonde: Yes, in having this discussion.

The Clerk of the Committee (Mr. William Short): Procedurally, essentially all you would have to do is agree as a committee to withdraw or remove item 13 for now, because you're going to presume that that deadline is going to change. Unless you know right now what you want that deadline to change to, it can be something revisited by subcommittee. You'd remove item 18 and then you would add an item stating that you would like to write to the three House leaders requesting an extension on the interim report to, if this is the day you're agreeing to, June 24, 2015.

Mrs. Marie-France Lalonde: Is it having to bring a motion? Is that what it is? They would bring a motion?

The Clerk of the Committee (Mr. William Short): You'd be amending the subcommittee report, yes.

The Chair (Ms. Daiene Vernile): Do you have a motion you would like to bring forward at this point?

Mr. Taras Natyshak: Yes, exactly that, and if the committee will indulge myself, I'll get that written up tout de suite—take a little recess, and we can—

The Chair (Ms. Daiene Vernile): Mr. Natyshak, how much time do you need?

Mr. Taras Natyshak: Five minutes. The printer's right over there.

The Chair (Ms. Daiene Vernile): We are recessed for five minutes.

Mr. Taras Natyshak: Thank you, Chair.

The committee recessed from 1625 to 1636.

The Chair (Ms. Daiene Vernile): Welcome back, members. We have two motions before us and I would ask that the first motion be put forward.

Mr. Taras Natyshak: Thank you very much Chair, and the committee for their indulgence.

I move that item number 13 and number 18 of the subcommittee report be removed.

The Chair (Ms. Daiene Vernile): Let us take a vote on that. Those in favour? Those against? It's carried.

Motion 2?

Mr. Taras Natyshak: Chair, I move that the Select Committee on Sexual Violence and Harassment write to the three House leaders requesting an extension of June 24, 2015, to table its interim report.

The Chair (Ms. Daiene Vernile): Those in favour? Motion carried.

Members, we're back to the subcommittee report, as now amended. I would like to have someone move this.

The Clerk of the Committee (Mr. William Short): No, you don't need to move it. It's already moved. It's just if there's further debate.

The Chair (Ms. Daiene Vernile): Sorry. Is there further debate? Mr. Hillier, I saw your hand first.

Mr. Randy Hillier: Thank you very much, Chair. I just would like clarification on point 8; that is on over-subscribed deputants or delegations. My understanding is, typically, what we do is select people making delegations to committee by rotation. It's not specifically laid out. It says it will be prioritized, the lists of people. I just wanted to seek some clarification if that is indeed what is intended in point 8, that there would be selection by rotation.

The Chair (Ms. Daiene Vernile): The Clerk will speak to that.

The Clerk of the Committee (Mr. William Short): Maybe it's just different wording that I used when I drafted it but it's similar to what the Standing Committee on Finance and Economic Affairs does if it's over-subscribed for pre-budget. I get a list of every witness that's oversubscribed in each location, send it back to each of the three subcommittee members, and then they send back to me from their list the people who they want off of that list.

Mr. Randy Hillier: Okay. So equal—

The Clerk of the Committee (Mr. William Short): Right. Yes.

Mr. Randy Hillier: Okay. I just wanted that clarification.

The Chair (Ms. Daiene Vernile): MPP Sattler?

Ms. Peggy Sattler: Thank you. I just wanted clarification from the Clerk on item 2. Are those one-time ads, like in the Star and L'Express, or is it weekly ads? What is the frequency?

The Clerk of the Committee (Mr. William Short): The Star is a one-time ad, L'Express is a weekly, and then the other ones would stay permanently on. So the website, Ontario parliamentary channel—sorry, Canada NewsWire is a one-time as well.

Ms. Peggy Sattler: So Toronto Star and Canada NewsWire are one time, the week of March 16?

The Clerk of the Committee (Mr. William Short): Yes.

Ms. Peggy Sattler: L'Express is weekly over how many weeks?

The Clerk of the Committee (Mr. William Short): Weekly for that week as well. It's all aimed for that week. The week of March 16, L'Express is published on the Tuesday, so it's only produced once a week.

Ms. Peggy Sattler: Okay, but there's only one ad.

The Clerk of the Committee (Mr. William Short): Correct.

Ms. Peggy Sattler: There's one ad placement for that single week.

The Clerk of the Committee (Mr. William Short): Right, and then the Ontario parliamentary channel and the Legislative Assembly website—the ad would run permanently on that until we're not hearing from witnesses anymore, and then we would pull the ad.

Ms. Peggy Sattler: Is that the practice of other committees?

The Clerk of the Committee (Mr. William Short): Yes.

Ms. Peggy Sattler: That you run a single ad, and then—

The Clerk of the Committee (Mr. William Short): Oh, sorry. Which part of the question—sorry.

Ms. Peggy Sattler: Running a single ad and soliciting input.

The Clerk of the Committee (Mr. William Short): Like in a newspaper?

Ms. Peggy Sattler: Yes.

The Clerk of the Committee (Mr. William Short): Yes. Because of the cost, the budget usually only allows you to do—I mean, you can do it in other locations if you want, but my understanding was that we were working with a budget and that was what best fit the budget. You can have discussion about it; that's up to you. But that's the way that would work. The Toronto Star is a daily—one day on March 16. L'Express is Tuesday the 17th. Canada NewsWire, I believe, is 24 hours, so it stays on the one day that we post it, and news outlets can pull off of it. Then, the Ontario parliamentary channel and the Legislative Assembly website would stay. You also have to remember we're doing the e-mail-out of the women's directorate stakeholder group as well, which would be an ad that we would email out to all of their stakeholder groups.

Ms. Peggy Sattler: Okay.

The Chair (Ms. Daiene Vernile): Are there any other questions or comments? Yes, Ms. Scott.

Ms. Laurie Scott: I'll just ask for some clarification. Thank you, Madam Chair. On number 12, we had discussed for sure when travelling that witnesses be scheduled in 30-minute intervals and be offered up to 15 minutes for their presentation and 15 minutes to answer questions from committee members. It might just be a subcommittee duty also. Usually, if we're just two hours every Wednesday here, we're only going to see four people. So I just wondered—when we're on the road, this totally makes sense. I wonder if there's room in the subcommittee so that we may look at when Toronto wit-

nesses appear that they be 20-minute rotations so we can see more people. I'll just ask for that clarification.

Interjection.

The Chair (Ms. Daiene Vernile): Our Clerk is suggesting that this is a good issue for subcommittee and it can be discussed there.

Ms. Laurie Scott: Okay. Great.

The Chair (Ms. Daiene Vernile): Any other questions or comments?

Mr. Randy Hillier: One more comment, Chair: The comment may or may not be best suited with this motion about the subcommittee, but it may impact the subcommittee report. We know that the Premier announced last Friday that a legislative agenda will be rolled out which will be dealing with this subject matter, and I'm just wondering if we can get some clarification from whatever ministers will be—we're not sure what ministers will be tabling legislation or when they'll be tabling it. I'm just wondering if that will impact the work of the committee in any way.

My question is, would it be prudent and wise to have the ministers who will tabling legislation and deal with this policy field in the committee at some time, just to give us some background as to what they're proposing and if it will have any effect on the delegations that we hear and the report?

Why I bring that up: There is a standing order that says that the committee does not delve into a subject matter while it's also being considered in the House. I think it's standing order 71(d). I'm not sure if that legislation will impact, but maybe if the ministers could provide some clarity on that to the committee, it might assist us and not have us go down dead ends or into obstacles.

The Chair (Ms. Daiene Vernile): Thank you, Mr. Hillier. Our Clerk is going to speak to that.

The Clerk of the Committee (Mr. William Short): Just with respect to the standing order that you quoted, 71(d) states that "No bill shall be considered in any standing or select committee while any matter, including a procedural motion, relating to the same policy field is being considered in the House."

We're not considering a bill at this select committee, so that standing order wouldn't actually apply to this scenario that you're mentioning right now. With respect to if the committee wants to have the ministry—if hypothetically down the road a piece of legislation is drafted, it would be the committee's decision whether or not you want to invite that ministry in to speak about the piece of legislation, if you think it's going to help you with your work and your work towards a final report with this committee on the subject matter we're dealing with.

Mr. Randy Hillier: I understand, but in that, it also says "procedural motions," so I was wondering: That motion that gives mandate to this committee, would that also be captured by 71(d)?

The Clerk of the Committee (Mr. William Short): You're fine with 71(d). You could continue to meet.

The Chair (Ms. Daiene Vernile): Again, it was an action plan. It was not a piece of legislation that was put forward.

Mr. Randy Hillier: That's right. Well, there's that unknown of just what—it is an action plan. I don't know if there will be—

Ms. Laurie Scott: If they bring in legislation, that was the—

Mr. Randy Hillier: —if there will be legislation brought in shortly or six months from now, or who knows?

The Chair (Ms. Daiene Vernile): Thank you. Would anyone else like to speak to this? Yes, MPP McMahon.

Ms. Eleanor McMahon: I appreciate your question, Mr. Hillier. I think it's an important opportunity to clarify what the mandate of the committee is, as set out and agreed upon in the House, so I appreciate you raising it. I think we do still have some clarity around that. I think, as the Clerk has outlined, if there is such an opportunity, if legislation is brought forward, there are conversations in that regard and we decide to bring witnesses forward, then we can decide as a committee at that time if that's an appropriate thing to do.

But to reflect, if I may, Madam Chair, very briefly on the mandate of the committee, I think there is sufficient momentum in this room and around the province to do exactly, Mr. Hillier, what I know you want to do, as we all do, which is to hear the voices of women and women's organizations across the province that will inform and shape our work moving forward. That is the very relevant, respectfully, very important piece of work that we are going to undertake here by travelling around the province and going to where people live.

I know you share in that spirit the desire to hear from women and women's groups, which I think we will do, which will complement the action plan. I hope that's helpful, but I appreciate you raising the point.

Interjection.

Ms. Eleanor McMahon: And of course, it's an all-party conversation.

Mr. Randy Hillier: The answer is fine. I was just—because there is a series of unknowns, I don't know what the agenda is, what the rollout will be and how that may or may not impact the workings of the committee.

The Chair (Ms. Daiene Vernile): Do we have any more discussion or debate on this? Well, committee members, are we prepared to vote on the subcommittee report, as now amended? Yes?

All those in favour? It's carried. Thank you very much.

COMMITTEE BUDGET

The Chair (Ms. Daiene Vernile): We have a little bit more business. Our next order of business is to examine the budget. I'm going to ask MPP McMahon to move it.

Ms. Eleanor McMahon: Thank you, Madam Chair. I move that a budget of \$210,000 for the Select Committee on Sexual Violence and Harassment be approved, and that the Chair be authorized to present it to the Board of Internal Economy.

The Chair (Ms. Daiene Vernile): Do I have a seconder? Yes, MPP Natyshak.

All those in favour? Oh—

Mr. Randy Hillier: Just one question: The budget that I have is called version 2 and it's \$200,000. Is there—

The Chair (Ms. Daiene Vernile): Version 3 includes the travel expenses.

Any more discussion? Are we all in favour? Motion carried.

Members, I just want to bring to your attention that if you have any questions or research that you require addressed, our two researchers, Carrie Hull and Erin Fowler, are here at your disposal, so please reach out to them.

Our next meeting is scheduled for March 25, at which time we are going to begin our public hearings.

Meeting adjourned.

The committee adjourned at 1649.

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SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

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Ms. Eleanor McMahon (Burlington L)

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Ms. Peggy Sattler (London West ND)

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Journal des débats (Hansard)

Mercredi 25 mars 2015

Select Committee on Sexual Violence and Harassment

Strategy on sexual violence
and harassment

Comité spécial de la violence et du harcèlement à caractère sexuel

Stratégie de lutte contre
la violence et le harcèlement
à caractère sexuel



Chair: Daiene Vernile
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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

COMITÉ SPÉCIAL DE LA VIOLENCE ET DU HARCÈLEMENT À CARACTÈRE SEXUEL

Wednesday 25 March 2015

Mercredi 25 mars 2015

The committee met at 1602 in committee room 1.

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. The Select Committee on Sexual Violence and Harassment will now come to order.

SUBCOMMITTEE REPORT

The Chair (Ms. Daiene Vernile): We have some quick business to take care of first and that is to consider a subcommittee report. May I have somebody move that report?

Ms. Eleanor McMahon: I believe every member of the committee now has a copy of the subcommittee report and I move that it be adopted.

The Chair (Ms. Daiene Vernile): You need to read it into the record for us.

Ms. Eleanor McMahon: Do I need to read it into the record?

Ms. Laurie Scott: We'll read it for you if you want.

Ms. Eleanor McMahon: We can't scan it into the record? You're all going to be subject to my dulcet tones now.

Your subcommittee met on Tuesday, March 24, 2015, to consider the method of proceeding on its order of the House dated Thursday, December 11, 2014, and recommends the following:

(1) That the committee Clerk, in consultation with the Chair, place a notification of public hearings, no later than Friday, March 27, 2015, in the Sudbury Star, Windsor Star and the Thunder Bay Chronicle Journal.

(2) That the committee Clerk, in consultation with the Chair, place a notification of public hearings, no later than Wednesday, April 1, 2015, in the French weekly newspapers of *le Voyageur* (Sudbury) and *le Rempart* (Windsor).

(3) That interested people who wish to be considered to make an in-person presentation during the week of April 6, 2015, contact the committee Clerk by 5 p.m. on Wednesday, April 1, 2015.

(4) That witnesses will be scheduled on a first-come, first-served basis for the following locations: Sudbury, Thunder Bay and Sioux Lookout.

(5) That the Clerk of the Committee, in consultation with the Chair, is authorized immediately to commence making any preliminary arrangements necessary to facilitate the committee's proceedings.

Thank you, Madam Chair.

The Chair (Ms. Daiene Vernile): Thank you, MPP McMahon.

Do we have any discussion on the subcommittee report?

Ms. Sylvia Jones: Just one brief question: I have read the news feature that was already put in, the ad, and I'm assuming that this will be duplicated in these new publications.

The Clerk of the Committee (Mr. William Short): The advertisement itself? Yes. There are two changes in the ad from the original one: The deadline date for the northern Ontario locations obviously changed, and we added in my email address, which was not in the first one. There were some requests for an email in it, which is a standard amongst all ads. Those are the only two changes.

Ms. Sylvia Jones: So we're going to keep the part about if you want to do it in private? That is an option?

The Clerk of the Committee (Mr. William Short): Correct, yes.

Ms. Sylvia Jones: Thank you.

The Chair (Ms. Daiene Vernile): Thank you, MPP Jones. Any more discussion on our subcommittee report?

All those in favour? Opposed? Thank you. It is carried.

STRATEGY ON SEXUAL VIOLENCE AND HARASSMENT

MS. JOAN RUTH ABERNETHY

The Chair (Ms. Daiene Vernile): I would invite our first witness to come forward and have a seat. As you take your seat, I would also like to welcome everyone else who is here today. This is our very first day of hearings. I would like to state the focus and the mandate of this committee, for your benefit.

Our task is to make recommendations to the Legislature regarding sexual violence and harassment. In the coming weeks, we're going to be listening to survivors, front-line workers, researchers and advocates in communities right across Ontario who are going to inform us on how to shift social norms and barriers that are preventing people from coming forward to report abuses. I want to stress that your advice is going to help to guide us as we make those recommendations to deal with

systemic sexual violence and harassment in society today. However, I should note that this committee does not have the power or the authority to investigate individual cases. That is better left to the legal authorities.

So we welcome you and thank you for appearing before this committee today. You now have 15 minutes to speak. Could you please begin by stating your name?

Ms. Joan Ruth Abernethy: It's Joan Ruth Abernethy. I prepared 22 minutes—I was told 20 minutes—so I'll do my best to go through it.

The Chair (Ms. Daiene Vernile): Thank you.

Ms. Joan Ruth Abernethy: Should I proceed, then?

The Chair (Ms. Daiene Vernile): Yes, up to 20 minutes. Thank you.

Ms. Joan Ruth Abernethy: And I brought copies, too, with notes at the end, if anybody—

The Chair (Ms. Daiene Vernile): That is most helpful. Our Clerk is coming over to get them.

Ms. Joan Ruth Abernethy: Thank you.

Members of the committee, ladies and gentlemen, I am thrilled that Ontario is once again targeting the sexual violence and harassment so endemic to our society, culture and institutions.

I was born in Toronto in 1949, grew up in Etobicoke, and studied at UWO, University of Toronto, and Brock University. I worked in education as a counsellor with disabled and homeless populations, and as a college and university instructor. I last worked as an insurance board of referees' chair.

This is my story.

I am a survivor and a victor of (1) childhood sexual abuses; (2) a university rape by another student I had told I would not marry unless he stopped dealing drugs; (3) a two-day sadistic sexual assault to unconsciousness by a repeat sex offender; (4) a same-sex Rohypnol-assisted sexual assault; (5) workplace sexual harassment; and (6) widespread and well-organized systemic sexual harassment/power abuse/reprisal.

The experiences I just listed are common, but the list is a shameful admission because of a cultural belief that each of us may be allowed one victimization, but that any more than that must be the victim's fault, surely.

The psychiatrist I consulted after the date rape exploited that belief. He knew about the child abuse and said the date rape didn't happen, that I had fantasized it. He called me schizophrenic and tried to convince me to quit university. I was 19, but he was a mature, worldly, politically appointed director of an Ontario hospital, and he knew exactly what he was doing. I got a second opinion by a doctor so repulsed by how the first treated me that he sent him a written reprimand. But the label of "schizophrenia" stuck and has been used against me ever since.

Labelling as "schizophrenic" persons of conscience who criticize power abuse has long been a tactic corrupt power abusers use to destroy their critics. Ask Irwin Cotler. He knows all about it.

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Neither the date rape nor the doctor's complicity made me abandon my academic work, but five years later,

while I pursued a Ph.D., doing what my colleagues called original work that would have guaranteed me an academic career, I was stalked by a repeat sex offender police said they could not stop because they had no anti-stalking law.

The offender sexually attacked me for two days, repeatedly, to unconsciousness, and that finished my academic career, not only because of how badly he injured me, but because I realized he couldn't have found me without the help of someone I trusted.

Only quite recently did I realize the police lied. They could have stopped the man with an arrest under the then-existing watch-and-beset law—I don't know why they didn't. For many years after that, I worked as a freelance editor from my apartment, so I could heal from the post-traumatic stress injury symptoms I developed, and I did heal, because that's what people do; we're very resilient.

Eventually, I took a job doing employability assessments of the disabled, several of whom reported that a supervisor was demanding sex act favours in exchange for guaranteeing insurance benefits. I told my supervisor, who sent me to the CEO, who said he would take care of it, and he did. He fired me. The lawyer I consulted urged me to go to the Ontario Human Rights Commission, and I did. The commission investigated and found a director of operations had followed another employee to her home, forced entry and gone after her minor child. She hadn't reported because she didn't want to lose her job. Both the CEO and the director of operations lost their jobs. No criminal charges were laid, because police did not investigate.

Around the same time, I reported the historical sexual assaults to the criminal injuries board, and the police investigated at that time. The repeat sex offender confessed, but the date rapist denied it.

Sherron Watkins, the Enron whistle-blower, said that most whistle-blowers die from the reprisal. Either we are murdered outright or are hit so severely on all fronts at once that we die very quickly from the infamy of reputation destruction, job loss, assets loss, family loss, loss of society, loss of meaning, marginalization, homelessness and destitution. She is right: It is the primary reason why witnesses do not speak up.

One Sunday afternoon, shortly after I had won those two claims with the Ontario Human Rights Commission and the criminal injuries board, a uniformed bylaw officer came to my home and screamed the following: "We are going to drive you from your home, take all your assets, put you in the street and then kill you. And don't even think about going to the justice, because they are in on it."

I thought he must be a little unhinged. Who are the "we" and "they" that he spoke for: the Masons, the Illuminati, mythical old boys? But then the bylaw officer's threats began to materialize. I will be forever grateful to the OPP, RCMP and lawyers who explained it to me—off the record, off course. They said that maybe police laughed when I reported the reprisal crimes the bylaw officer predicted, because someone who didn't

like me put falsehoods into my personal records. They said that tactic is called a mobilization of bias: Someone, or some few powerful, misuse their top security clearance and/or hire a hacker to plant falsehoods in a target's personal information to manipulate and steal assets, to discredit and destroy. That biases every agent thereafter who looks at the target's data, and it mobilizes widespread systemic and social bias and prejudice against the target. It is easy, then, to hire local thugs to assault, death threaten, stalk and commit any number of other crimes to try to drive, and make it appear that, the target is crazy for being attacked by so many different strangers.

Those system agents who, off the record, confirmed my experience said that I was fortunate because at least I knew what was happening, unlike most this happens to. The OPP officer said that I should make a freedom of information request for access to police records of the reprisal incidents I reported—which included assaults, sexual assaults, death threats, thefts, arson, property damage and blacklisting—and correct any misinformation I found. He said that if police refused to give me access to their records, to appeal to the Information and Privacy Commissioner of Ontario, which is what I did.

The IPC mediator, who had full access to the records, said, and these were his words, “There is no doubt in my mind you have been targeted for your human rights views by ‘terrorists.’” He used the word “terrorists.” He advised that, going forward, I keep my own record of every incident that occurred, report each one to police and, if they refused to make a record, to write my own, submit it and insist they attach it to their official record. I did that too.

A victim services worker told me there is nothing police can do about the organized sexual power abuses because, as she put it, “The whole system is corrupt.” We know from the cascade of allegations that followed those of Catherine Galliford against the RCMP that police themselves struggle with a culture of sexual power abuse that is similar at the provincial and municipal levels.

I understand why police comply with corruption, why they turn a blind eye to the kind of harassment I experienced and why some actively conspired with it to harass me. Like the woman who did not report the director who forced entry and went after her child, they want to keep their jobs, to be promoted and to live a good life.

But it's not just police. The whole system is infected. The case MPP Laurie Scott cited of the crown attorney who retired with a \$180,000 bonus to avoid investigating allegations of sexual harassment is the mere tip of the iceberg. Like others have told me they experienced, I was targeted using a series of well-organized tactics that included the following:

(1) Impoverish your target. The reprisal crimes so impoverished me that I had to sell and leave my home with just the few things I could carry. I took a job in another city where I lost 30 pounds and slept on the floor. Poverty ensures your target cannot afford a lawyer, so that you can harass her with impunity.

(2) Corrupt and recruit your target. I was holding my own until three men assaulted me as I left work one

night. Police called it a sexual assault, but I wouldn't have. I think they did that to make fun of me. The detective insisted I attend a Ministry of the Attorney General sexual assault centre, but did not send me to the ER for collection of forensic evidence.

I went to see the counsellor. I did comply with what the police wanted me to do, but she didn't want to talk about the assault. She said that if I wrote a letter to the Attorney General to request funding for a counselling centre for disabled women, I would be made CEO just like that. She said, “There will be a lot of money in it for you.” All I had to do in return, she said, was agree to protect the identity of the men disabling women in Niagara—first the stick, then the carrot.

(3) Threaten your target. My knee-jerk reaction to that offer was, “No, thanks, it didn't interest me,” but then the detective said that if I didn't shut up about what happened, police and the crown would charge me with a criminal offence and throw me in jail. I asked a lawyer what they could charge me with. He said maybe mischief, if the reports of reprisal I was making weren't true, but that isn't what happened.

(4) Hit your target on multiple fronts. I told a doctor what happened, but he already knew. He said—and there are records because I tape-recorded him repeat it—“Once a white n—, always a white n—, eh, Joan? If you were normal, you would have killed yourself long ago.” Stunned, I asked him what he knew about it, and he said, “Any liability associated with knowledge I had about it is protected by information and privacy law.”

(5) Seriously injure and physically disable your target. Police said it was no longer safe for me to go to work on campus without a police escort. Because I could not afford a private police detail, I had to quit my job.

While I was interviewing for a position with U of T Scarborough, a stranger who said he wasn't the city councillor he looked identical to, and whom police treated like a city councillor, said my car was “going to be hauled” and that I'd “never walk straight again.” A few days later, I was hit on Highway 2 on my way to Toronto, concussed and so badly injured I could not continue interviewing.

I was forced onto EI disability benefits because my insurance refused to pay until I took them to the Financial Services Commission almost a year later. Although I was eligible, I did not receive the EI benefits I needed to pay rent and buy food because an EI worker eventually realized someone repeatedly hacked the system and deposited my benefits in someone else's account. I lost my housing because of that.

(6) Conspire to criminalize and discredit your target. Despite all this, I continued my appeal to the IPC for access to police records. One day, completely out of the blue, the maintenance man at my new place said, “If they”—“they” again—“are going to whack you, they won't waste a bullet but just explode you in your car.” Not long after, he and his buddy threatened to return, force entry and hurt me.

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I left a voice message for police in which I cited two previous incident numbers and said that if the two men made good on their threat, I'd do whatever was necessary to self-defend. A few days later, police charged me with threatening, based on my voice message promise to self-defend if attacked.

(7) Engage a corrupt crown. The crown attorney lied to the court so I would be denied bail. He lied I had no assets, despite owning property for 20 years and having a fully paid-up in-town rental address. He lied that I'd lived in my mother's basement until she died. I'd left home at 19 and never returned. He lied I'd been homeless ever since. He lied that I didn't work. He lied that I was schizophrenic and posed a risk to society.

I tried to explain but the crown then went off the record and yelled over me, "That attack never happened, never happened, never happened," until I went silent.

I wondered why a crown attorney would think he knew anything about a completely unrelated incident—I thought—that happened some 30 years earlier. He's a judge now.

As a result of that crown attorney's lies, I was denied access to a telephone and held without bail in segregated and solitary confinement for 36 days. I was repeatedly threatened with death by a convicted murderer, pressured to plead guilty in exchange for release, which I refused, and I was assessed by a psychiatrist to support a crown application for unfit, with which to detain me indefinitely on a treatment order—very, very intimidating, that. The CAMH doctor who did the assessment, bless her heart, reported no mental illness.

I was detained until I missed the deadline to submit documents to support my IPC appeal and their adjudicator, for that reason, dismissed it. Then the court ordered me to get on a bus and leave town.

Over the next seven years, as the harassment continued and I was wrongly charged twice more, I persisted with appeals for access to police records from three separate police services. The partial, heavily redacted records I finally accessed showed a definite pattern. The pattern was:

(1) Sometimes police neglected entirely to record my complaints. I'd kept my own records, as per the advice of the IPC mediator.

(2) Sometimes police neglected to record important details like a licence plate number.

(3) Sometimes police recorded factual errors such as inaccurate dates, times, locations and incident details.

(4) But most often, police neglected to record the incidents I reported and simply noted, "Abernethy is MI." No need to investigate; known crazy.

The pattern my freedom-of-information access exposed is not unlike what happened in Rotherham, UK, in that police denied the problem and fabricated evidence to cover it up.

The whole system is complicit. I complained to the chief crown attorney for Ontario, who dismissed my concerns. I appealed to the Ontario Judicial Council,

whose members dismissed my concerns. I complained to the College of Physicians and Surgeons of Ontario about the doctor who knew I was to be attacked but did not warn me. Coincident with the written warning they issued him, his university gave him an award for practice excellence.

I complained repeatedly to the Ontario Civilian Commission on Police Services, then to the Office of the Independent Police Review Director, until their mediator told me they don't even read complaints from the public unless the chief of the service complained of wanting an investigation. I guess they're too busy. I mean, that's what I understand.

An OPP-seconded OIPRD, the now Ontario Civilian Police Commission, investigator told me that how OCCPS and OIPRD treated my complaints, in her words, "violates legislation," yet she did nothing to correct that.

The lawyers I consulted said the only way I may be able to make the harassment stop is with a civil claim, but that's not an easy fix either. Three lawyers offered to get me money if I pretended to be mentally ill, but none will agree to represent the truth of the matter. One lawyer, who works mostly at the Court of Appeal, said I need what she called a big Toronto lawyer like Greenspan or Ruby because of who I am up against. That was her advice. I took her advice. I contacted four big Toronto lawyers but none was willing to represent me. They were very busy. So I wrote a claim and filed it myself. But negotiating a civil claim is not easy when you're trying to represent yourself, not just because the rules of civil procedure online are not kept updated, but also because last winter, coincident with my giving notice to the respondents that I intended to appeal the decision to disallow part of my claim, I was twice assaulted, and then delivered a nasty credible death threat. And that takes it out of you.

When I reported the third of those crimes, the officer refused to record it, which is not unusual, and said that if I didn't stop reporting, he'd charge me with criminally harassing police for reporting crimes.

Based on my experience, and thinking of your request for recommendations, I would like to see you:

(1) Reform police culture. Make law to protect police who act on conscience. Make it easier for police to act with the public the way they act with each other. So reform that culture.

(2) Prosecute powerful abusers. I think there's this immunity thing that people feel they have if they are doctors, lawyers or judges working in those sorts of situations; not all of them—certainly not the majority, I don't think—but even a handful is too many.

(3) Make civil justice more accessible by facilitating online claims. The apparatus is all in place, so you can do that. You can have hearings via Google Hangouts or Skype. Currently, the way it is, you have to make an application, go down to the Court of Appeal and so on.

(4) Provide amnesty to witnesses of conscience and make better whistle-blower law.

In conclusion, there are powerful interests, foreign and domestic, that want to reverse the law that made

Canadian women persons not yet a century ago—that's not very long, you know. They want to silence critics.

The whole purpose of charter-protected free speech is so that ordinary folks can call out corruption. Freedom to complain without sexual harassment reprisal is not only a right, but it's a duty as well, for all of us, each of us. That's our duty in a free democracy.

I want to thank everyone who, with information and moral support, helped me survive, including the women at the Ontario Assaulted Women's Helpline, who were really very informed about these sorts of issues.

Ontario is made of good, decent, honest folks who deserve better than to be intimidated and controlled by power abusers who use sex like a weapon of war to oppress us.

Thank you all for listening.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Abernethy, for coming and speaking to us. Do you have time for some quick questions?

Ms. Joan Ruth Abernethy: Sure.

The Chair (Ms. Daiene Vernile): Do we have any questions from our PC caucus?

Ms. Laurie Scott: Thank you very much for traveling here today and giving us some good information. I know that you have made some recommendations here. Right now, I know we have a shortage of time. As we hear more witnesses and begin to do some report writing, we may contact you and ask you for some more specific recommendations within the system.

Ms. Joan Ruth Abernethy: Sure.

Ms. Laurie Scott: I know it's only a 30-minute time slot today. Thank you very much, again, for coming today, Joan.

The Chair (Ms. Daiene Vernile): I will tell the committee members that we've got about a minute and 30 seconds left. Do we have any questions from MPP Sattler?

Ms. Peggy Sattler: Thank you very much for your presentation. You mentioned the help you received from the Ontario Assaulted Women's Helpline. Was it easy for you to find the information about how to contact the helpline? Was the process for you to contact them easy?

Ms. Joan Ruth Abernethy: At the time, I was really, really living on the edge, so I was using pay phones a lot. They had a 1-800 number, and yes, they were very accessible and very informed.

Ms. Peggy Sattler: Where did you find the 1-800 number?

Ms. Joan Ruth Abernethy: You know, I can't remember now. It was quite a while ago. Maybe online.

Ms. Peggy Sattler: Okay.

The Chair (Ms. Daiene Vernile): MPP Malhi?

Ms. Harinder Malhi: I will also just take this opportunity to thank you for sharing your experiences with us. We really do appreciate it, and the information will be very helpful when we start doing our report and finding recommendations.

I'm going to leave it at that, because I know we are really short on time. Thank you, again, for coming.

The Chair (Ms. Daiene Vernile): Thank you kindly.
Ms. Joan Ruth Abernethy: Thank you.

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WomenatthecentrE

The Chair (Ms. Daiene Vernile): We call our next witness: WomenatthecentrE. Thank you for coming and speaking to our committee today. Please identify yourselves and begin when you are ready.

Ms. Nneka MacGregor: Thank you very much for allowing us to come today. My name is Nneka MacGregor, and I am the executive director and founder of the organization called the Women's Centre for Social Justice, but we're better known as WomenatthecentrE. Beside me is my colleague.

Ms. Faye Fraser: Hi. My name is Faye Fraser. I am the co-chair of our sexual survivors steering committee.

Ms. Nneka MacGregor: We're here today as women survivors of gendered violence to speak to the need for more and better inclusion of the expertise of those of us who have the lived experience of the violence at issue beyond these public hearings. Ms. Fraser and I are here speaking today, but we want to say that the comments and recommendations come from the extensive input from many of the courageous women survivors who couldn't be with us today. I want to acknowledge some of them, including our board co-chairs Veronica Campos and Dr. Tope Adefarakan; our board directors Christine McCaw, Claire Crossley, Alex Plegas and Betty Makoni; as well as the members of our sexual violence survivors steering committee, Mandi Gray, Lisa Phillips, Cynthia Webb.

To quote Margaret Mead: "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has." That is precisely who we are. We're a small but growing group of thoughtful survivors of gender-based violence committed to changing the world so that all women can live lives free of violence with dignity and with respect.

I want to also acknowledge the government's efforts in bringing the Sexual Violence Action Plan forward by working together with many advocates in the violence-against-women sector, whose relentless activism is behind many of the improvements we see today in women's lives. However, what has been lacking until recently was a mechanism through which we, the women with the lived experience of the violence, can bring our voices to influence public policy. The mechanism is here now. It is in WomenatthecentrE, and we've been closely following the developments across the province since the action plan was launched in 2011.

We've been looking at ways to ensure that the expertise of survivors is integrated in the development and implementation of all policies and programs coming out of the plan, as we know that we are the ones best positioned to identify most effective supports and strategies that will positively impact women and change the policy and public mind on how it views the multiple forms of

violence committed against women, on an individual as well as systemic level.

Our submission is based on our understanding that the will for change must be supported by the courage to change. We're looking to the government to be courageous by resisting the urge to play things safe. By that, we mean that we can no longer continue to approach reform with a business-as-usual attitude. This is a critical, crucial moment in our lives, and we can come together to create innovative strategies that are, in fact and in practice, survivor-centred, trauma-informed and human-rights based, as this is the only way to create models of community engagement that lead to violence prevention, hold systems and perpetrators accountable, and keep us all safe.

We started by asking ourselves why the violence persists despite the resources already devoted to sexual violence prevention and victim supports over the years. Why do women remain unwilling to come forward to report acts of sexual violence committed against them? Why are there so few arrests, so few prosecutions, so few convictions and so few consequences to perpetrators?

We looked at our own personal experiences of navigating the system, from finding crisis lines with a live person at the other end, to going to a sexual assault domestic violence treatment centre, to enduring the re-traumatizing rape kit procedure, to waiting weeks before seeing a counsellor, to not forget the terrifying experience of attending a police station to relive the assault. For those few women whose cases actually proceed to trial, the horrific ordeal continues, as women are subjected to humiliating, degrading lines of questioning that suggest that there must have been something we did to cause the sexual violence.

Paradoxically, the answer is as simple as it is complex. Political will must align with public will, such that the outcome of these public hearings is the creation of policy and law reform that will truly reflect the social good, plus the development and implementation of effective support services for victims. What is evident from all our experiences as women survivors is a total lack of a coordinated response to the way sexual violence and harassment is addressed in the province, a response that we know would be greatly improved if it was based on an understanding of the three key tenets that will be the basis of our submission:

- (1) that all women matter, all the time, and that survivors have a central role to play;
- (2) that the fact of consent needs to be an affirmative, enthusiastic "yes" and nothing less; and
- (3) that the health care and justice systems' responses to sexual violence and harassment need to be addressed through the operation of thoughtfully created and specialized sexual violence clinics and sexual violence courts, with specially trained personnel, in a coordinated, collaborative manner.

First, I want to state unequivocally that when we advocate to bring about an end to all forms of violence against women, and in this instance we're talking about

sexual violence and harassment, we're fighting for all women, regardless of where they're from, what they believe, their occupation, their age, what they wear, whether they were drunk, whether they were taking drugs. We're talking about all women: native women, black women, women of colour, white women, immigrant women, women with disabilities, women caught in a web of mental health addictions, and intimate partner violence survivors, from students to senators. Because all women matter, our safety and well-being must matter equally to everyone all the time. This should be a given, a fundamental human right, both in law and in fact, but the reality is that some women seem to matter more than others. This results in some women having increased chances of receiving community supports that have been made available while others are re-victimized because of where they are located.

We're talking in particular about the women who are in actuality the most marginalized, who experience sexual violence and harassment in alarming degrees and yet they are completely missing from the plan. We're talking, for instance, about women in the sex trade; women in prostitution. Our members talk of the institutional and social barriers and biases they face daily when they are sexually assaulted and harassed, from police officers who are reluctant to investigate, front-line personnel who are reluctant to tend to their needs, blaming them for the violence inflicted on them and failing to understand that poverty and survival are often at the heart of the issue.

At the very minimum, the government must focus on maintaining the safety of those—can you hear me?—

Interjections: Yes.

Ms. Nneka MacGregor: —the safety of those who choose to stay in the industry while providing real supports to those who want to exit. We are in absolute solidarity with the sex workers.

I want to also state that we are in unwavering solidarity with our native sisters and pledge our unwavering support to them as they continue to lead the initiatives that address sexual violence against aboriginal women.

We must be thoughtful in creating policies, programs and services that are accessible to women everywhere—linguistically, geographically and in ways that take into account spaces where women go to seek out supports.

It is also critical to understand that having information available in multiple languages will not mean that someone is able to read and fully comprehend it, whether it's due to literacy challenges or because they are suffering from trauma caused by the sexual violence.

Some of our members who live in rural and remote communities have identified barriers arising from the lack of services in their communities and the challenges they face in obtaining help in ways that ensure that their privacy is protected from the rest of their community.

A real opportunity therefore exists to create and properly fund spaces where women survivors of sexual violence can go to be supported by other survivors, women whom they can recognize have a common bond

that they share as a result of their lived experience, women who are like them and understand what they have been through, whom they can relate to, and who will engage with them as they navigate the complex systems that have been sparked once sexual violence and harassment enters their lives, such as the health care sector and criminal justice.

We're therefore calling on the government to support increased funding that will ensure increased participation from, and consultation with, diverse women survivors of sexual violence, and to promote our equal involvement in the development and evaluations of services going forward.

I want to hand it over to my colleague, Faye Fraser.

Ms. Faye Fraser: Thank you, Nneka. My name is Faye Fraser and I am the co-chair of the WomenatthecentrE's sexual violence steering committee. Our mandate is to leverage the wisdom and experience of women survivors of sexual violence and identify more effective strategies that lead to prevention, and ensure that women survivors are supported, while holding the system accountable as it holds perpetrators accountable.

On careful examination of the sexual violence and harassment action plan, we identified themes that were common to the 13 proposed action items. We concluded that effective prevention, healing, support and full accountability can only come about when we begin to dispel the various myths and misconceptions about rape and sexual violence—particularly, that it's about sex. It is not. It is about power. By this, we mean that sexual violence against women is not simply about sex or gender violence. It must be thought of as an intersectional experience where various forms of cultural oppression, like racism, classism, gender and sex discrimination, ableism, and settler colonialism, come together to take on power, which is expressed as one form of sexual violence or another.

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What this means is that women are not a singular, coherent group with identical histories, experiences, realities, needs and desires. As a result, women experience sexual violence differently. Women of different races, sexual orientations, gender identities and class configurations are impacted by it very differently.

It is important that we think of sexual violence in this way. If we do not, we risk limiting the level of inquiry and understanding of women's experiences, and we are prevented from understanding how women's lived experiences of racism, classism, sex and gender discrimination, ableism and settler colonialism work together to produce and sustain violence against women, whether sexual, physical, systemic or otherwise.

In order to have a meaningful conversation about sexual violence as we work to create lasting and effective change, it is imperative that we acknowledge that women's encounters with violence are always a product of these multi-burdened experiences of marginalization, which create unique conditions of violence, on one hand, and on the other, compound the impact of that violence.

These hierarchies, delineated along intersecting lines of power and domination, delineate who will be more likely to experience certain forms of violence and under what conditions.

As well, hierarchies amongst women establish who will be more likely to report experiences of violence as well as what the possible recourse will be, if there is any recourse at all. This is predetermined by women's cultural capital and social locations, which are the products of race, class, gender, ability and settler colonialism.

Therefore, an intersectional approach to violence against women provides us with an opportunity to engage with the issue in such a way that we can come to understand how various forms of cultural oppression come together, not only to produce multiple forms of oppression but multiple forms of privilege as well. These intersections structure and produce women's everyday realities and lived experiences.

In order to create efficient social reform, we need to be able to address all the elements of power and domination that constitute sexual violence, so that we're able to design and deliver support and resources that effectively meet those needs.

I'd like to take this opportunity to walk you through three particular areas that we think are of importance in addressing consent as well as the systemic barriers that women face.

Coming forward and reporting: As a student, an educator and a survivor, it is my firm belief that survivors need to be involved and at the front lines of developing and delivering educational training on how to handle matters of sexual violence within the classroom setting, whether in elementary school or at the graduate level.

We need to provide comprehensive education on consent and sexual violence, to break the stigma that causes suppression of experiences and prevents survivors from coming forward.

WomenatthecentrE is committed to combatting what has been coined as "rape culture," in an effort to foster a culture of consent. One of the ways that we are achieving this is through our survivor-centred task force, which is dedicated to education, awareness and consultation on social policy reform.

For instance, our sexual violence survivors steering committee, which I am co-chair of, seeks to address sexual violence through youth leadership and education. The initiatives of this project are twofold. Firstly, it centres on youth leadership through critical education on notions of consent—what consent is and what consent is not. Secondly, it is committed to ensuring that safe spaces are developed, including specialized clinics and courts that deal explicitly with matters of sexual violence.

With regard to youth leadership, something that we have come to understand is that one of the biggest barriers to combatting sexual violence among youth is under-reporting. While there are many reasons why survivors choose not to come forward and report, one reason in particular is the lack of knowledge of what constitutes a violation, or how to identify sexual vio-

lence. We know that many survivors, youth or otherwise, often do not come forward to report incidents of sexual violence and sexual assault because they're incapable of identifying what sexual assault is. When confronted with sexual assault, they are unable to identify it as a transgression. How can we expect individuals to report sexual violence and sexual assaults if they do not know what sexual assault is and what it looks like?

Our sexual violence survivors steering committee is rigorously working towards developing youth leadership programs and youth educational training programs to address just that. The initiative is designed to put survivors and youth in leadership positions and place them into educational and classroom settings to facilitate healthy sex and consent education. Some of the areas to address include some common-sense issues such as knowing what consent is. If she does not say yes and you proceed with sex, it is rape. If you choose to rape, know that she can and will tell, whether it's her family, friends, human resources or the police. When she comes forward, you will be arrested, charged. The police will thoroughly investigate and gather forensic evidence and other evidence of your crime. The crown will prosecute you and, when you are found guilty, the judge will hold you accountable and impose a sentence that reflects the gravity of your offence.

We believe that providing youth with the tools to identify sexual violence will debunk myths and misconceptions about consent and rape. As well, it will help encourage reporting, create safe spaces to talk about sexual violence, offer resources and support to survivors of sexual violence, and reinforce that there is recourse when you perpetrate sexual assault. We believe that our youth are central to the fight against sexual violence and we emphasize the need for the government to fund the development of programs that put our youth in leadership roles.

Eradicating sexual violence means drawing on the knowledge and expertise of survivors to get our youth involved in sex and consent education. It is not enough to include consent education in education and pedagogy; we need to turn policy into practice by including survivors in the facilitation of programs funded by the province that are designed to combat sexual violence, which will empower our youth through social justice initiatives.

This brings me to my second point. What happens when sexual assault is identified and the survivor comes forward? What we are seeing on our college and university campuses is a crisis caused by systemic barriers that result in chronic revictimization and re-traumatization of survivors due to grossly inadequate resources and support services. As a survivor and an individual who has spent the better part of the last decade of her life in the university setting, I can assure you that I am never surprised when I am made aware of sexual assaults on campus.

While sexual violence on campuses has almost become normalized, what I cannot normalize is the wholly inadequate institutional protocol on handling matters of sexual violence, and the inadequate sexual assault

services, supports and resources which are available on university and college campuses.

It should be noted that this is not limited to students. These educational institutions also employ thousands of staff and faculty who are also at risk because of the lack of resources and training related to sexual violence as well as the systemic barriers to reporting. This has created conditions on campus and in the workplace where women experience sexual harassment and sexual assault with impunity.

When survivors come forward, they are often subjected to shaming, doubt and victim blaming. Survivors are forced to navigate a nightmare of bureaucratic politics and alienation due to a lack of coherent, cohesive and effective measures in place on handling matters of sexual violence. As a result, the survivor is subjected to what we call a chilling effect, where they are deterred from coming forward or pursuing criminal charges. Women are often forced to drop out of university or take a leave of absence from their job and studies.

The Chair (Ms. Daiene Vernile): Ms. Fraser, just to let you know, you've got two minutes left.

Ms. Faye Fraser: Okay.

We believe that it is absolutely necessary to provide safe spaces for survivors on campus and in the workplace. We strongly recommend province-wide sexual assault strategies that include university and college task forces that are separate from the university and college administration. We believe that we need safe spaces that are equipped to provide comprehensive outlines for the possible avenues and outcomes of coming forward, whether pursuing criminal charges or not, and that these task forces need to be staffed by survivors and trained experts.

Finally, when coming forward, survivors are often confronted with systemic barriers within the criminal justice system and the health care system. We also firmly believe that survivors need to be incorporated into developing programs and policies where we can create specialized courts and clinics that deal explicitly with sexual violence. Survivors and trained experts need to be staffed in these clinics so that we are able to create safe spaces that encourage reporting, so women are able to come forward. Thank you.

The Chair (Ms. Daiene Vernile): Ms. Fraser and Ms. MacGregor, thank you very much for coming and speaking to us. Are you able to take some questions now? We're going to begin with our NDP caucus. Do you have any questions?

Ms. Peggy Sattler: Yes. Thank you very much for the presentation. There was so much in your presentation. I'm really looking forward to reading it later to really get a feel of it, but there were a couple of things that I wanted to ask about.

You talked about how, in rural and remote communities, privacy can be an issue for survivors. Do you have any thoughts about that particular situation, that a woman in a rural or a remote community—how you can address that concern about protection of privacy?

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Ms. Nneka MacGregor: That's a very complex challenge, because when you have fly-in communities and the resources are limited and everybody knows everybody else, what women are saying is that having an opportunity to bring in outside individuals who can provide them with the supports that they don't get in their own communities—there is no way to actually handle it when it's such a small, almost incestuous group. We're looking to have programs that actually facilitate bringing in outside experts to come into the communities and support the women once they've disclosed.

Ms. Peggy Sattler: Okay. Do I get two questions?

The Chair (Ms. Daiene Vernile): Yes, you have time for one more question.

Ms. Peggy Sattler: Okay. Then the other question refers to what you said just toward the end of your presentation about this crisis on college and university campuses. You recommended the creation of a task force that would be separate from administration. Can you speak more about that, why you feel—obviously, the recommendations have to be implemented by administration. Why is it your recommendation that administration not be involved in such a task force?

Ms. Nneka MacGregor: We're not saying that they shouldn't be involved; we're saying that they should be independent of administration.

Ms. Peggy Sattler: Okay. Can you just walk me through a little bit about who's on this task force, what its job is and what the role of administration is?

Ms. Faye Fraser: Well, what we found is that on college campuses and university campuses, often survivors get caught in this kind of jurisdictional tangle between being an employer, between being a student, and not having adequate protocol in place on how to address sexual violence when you come forward. We believe that it is necessary to have on-site advocacy, that survivors should be involved in this advocacy, where we can provide survivors with a comprehensive outline of the policies, the protocols and the way of going forward, whether it's going through the union, going through the criminal justice system or navigating the educational institution itself. That should be independent, to give a sense of safety and security, because there is a lot of uncertainty when you are in this precarious position where there are multiple jurisdictions at play. It results in very serious trauma and re-victimization.

Universities and campuses lack these safe spaces, and they're absolutely necessary because the individuals that you end up dealing with are people who are experts in community relations, people who are not trained in dealing with matters of sexual violence, which is extremely problematic. Then you have this back and forth between the institutions and the union, and there are all kinds of politics that can play out which just trap you.

Ms. Nneka MacGregor: Plus the fact that—

The Chair (Ms. Daiene Vernile): Thank you. We're going to have to move on to our next caucus. Ms. McMahon.

Ms. Eleanor McMahon: I want to echo Ms. Sattler's comments, if I may.

Interruption.

Ms. Eleanor McMahon: Sorry, is there something going on that we need to be aware of?

Ms. Laurie Scott: It's a quorum call.

Ms. Eleanor McMahon: Okay. Thank you.

The Chair (Ms. Daiene Vernile): It's a quorum call, so we should be okay.

Ms. Eleanor McMahon: Sorry; forgive me.

Thank you for coming. Thank you for your eloquent presentation. As my colleague mentioned, it's so rich and there's so much in there. It's impressive. You're incredibly articulate and brave.

Ms. Nneka MacGregor: Thank you very much.

Ms. Eleanor McMahon: I think that's important to say.

Ms. Nneka MacGregor: Thank you very, very much for that.

Ms. Eleanor McMahon: Really brave. I have to confess that Ms. Sattler kind of stole my question about university campuses, because it's an excellent one, but in my mind it's also worth exploring a little bit further, if I may. I was just at McMaster University—they're very close to my riding—and they have what seemed to me a safe place and a fairly comprehensive system for dealing with sexual assault.

But I wanted to just, if you could, get you to expand a little bit more about what these task forces might look like. By the way, I wouldn't be surprised if we called on you again for more information about what you said, because again, it was so rich in detail. Can you tell us what that might look like so that we can explore that further?

Ms. Nneka MacGregor: What WomenattheCentre did last month was, under the auspices of our internal Sexual Violence Survivors Steering Committee—we had one of our members who had disclosed that she had been raped at York University and how the institution had failed at every level to support her, and how, whilst they had policies in place, these policies did not actually reflect anything substantive, anything concrete that was helpful to a woman in January 2015 who had been raped, despite the policies being in place.

As a result of this woman coming forward, she actually did outreach to York University students as well as some of her contacts at Guelph, for example, and George Brown. We had a groundswell of young women—some of whom were survivors of sexual violence; some of whom were not—who came together to our offices. It was through that conversation that they decided to set up a task force, a steering committee, that consists of women survivors from the university campus themselves, who would start doing the advocacy piece around this, as a way to bring in the institution and their administration.

As I said, it's about a power balance. So if you have an independent and free-standing group that was not subject to—I was about to say “manipulation,” but that's the wrong word—

Ms. Eleanor McMahon: Influence.

Ms. Nneka MacGregor: —thank you very much— influence by administration, it tends to colour the types of policies that come out. When we talk about a task force that is made of women survivors who are on the campus, they are stand-alone. They will come in, and they will be able to sit on an equal footing with the university administration. It will also consist of other individuals from other universities and other campuses who are all going through the same issues, all trying to find ways to make the policies more responsive to the experiences of women who have been raped on the campus.

Ms. Eleanor McMahon: Would you see this as—

The Chair (Ms. Daiene Vernile): Thank you. We have very little time left, so we're going to take some questions from our Conservative caucus.

Ms. Sylvia Jones: I appreciate your presentation today. I wanted to focus on your youth in schools. I see that as a really excellent opportunity for prevention and education. I wonder if you had a successful program that you could share with the committee. I know that in my own community, Family Transition Place has a program in place for the schools in our area that has been really, really well received. So, first, if you have a particular program, could you highlight or perhaps send it to us.

My second question: The program that I'm familiar with is called, I think, healthy relationships, healthy bodies. It's for young men and women—eight weeks—and outside individuals who actually work for a women's crisis centre provide it. Do you have an idea of where you would like to see that: elementary, high school, that kind of thing?

Ms. Faye Fraser: I think it's very important that we incorporate this at all levels, to some degree.

In terms of consent education, I think consent is really important to be discussed at the high school level, when youth are engaging in sexual activity and getting involved and are very impressionable. I understand that many young women are sexually assaulted, and it's not until years later that they figure it out, because they don't know that it's sexual assault. They don't know that it was not consensual. They did not understand it. The trauma of that realization—many of these people are their friends—reconfigures your entire relationship and your trust, and it's something very difficult to come to terms with.

I think it's really important to emphasize empowering our youth with knowing what consent is, what sexual assault is, what rape is, not just for women but for young boys as well, who don't know when they're raping somebody.

Boys are also victims of these discourses through not knowing. There's no need to demonize them; they don't know what they're doing. They can't identify sexual assault. We live in a culture and society that produces these kinds of ideas about people's bodies and entitlement, and youth get caught in this.

I think that, in that particular area, it's very important that we have comprehensive consent in sex education that explicitly addresses the complexity of consent, what it is and the implications of perpetrating sexual assault.

Ms. Nneka MacGregor: Yes, we do have programs. We'll be happy to send them.

The Chair (Ms. Daiene Vernile): Ms. Fraser and Ms. MacGregor, I want to thank you very much for coming and speaking to us today.

We're ready for our next witness, so I would call on Andrew Yu to approach. Thank you, ladies.

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Mr. Taras Natyshak: Can I ask that we receive a full copy of their testimony here, if that's possible?

The Chair (Ms. Daiene Vernile): Are we able to have a copy of what you have just delivered to us?

Ms. Faye Fraser: Absolutely. Thank you.

MR. ANDREW YU

The Chair (Ms. Daiene Vernile): Please have a seat. Thank you very much for coming to our committee. Please introduce yourself, and you may begin.

Mr. Andrew Yu: Good afternoon, Madam Chair and honourable members. Thank you for this opportunity to present to this committee today. I am Andrew Yu. I am an independent human resources consultant, specializing in employee relations, human rights and workplace harassment matters for employers.

Basically, when people are not getting along with each other at work and the employer wants someone with an open mind to make things better, they hire me. Quite often it is because an employee has made allegations of sexual harassment against another. In those cases, I would conduct an investigation in accordance with the Occupational Health and Safety Act. Therefore, my presentation today will focus on the prevention of sexual harassment in Ontario workplaces, which is where my expertise lies.

As you may recall, the provisions against workplace harassment in Ontario in the Occupational Health and Safety Act came into force back in June 2010. It is now more than four years since the implementation. It is clear that those provisions alone are insufficient to eliminate workplace sexual harassment, as indicated by multiple recent media reports that employers have not yet taken sexual harassment complaints in the workplace seriously, which in part led to the formation of this select committee.

In addition, my professional practice as an independent human resources consultant specializing in employee relations means that I do regularly receive calls from employees who feel they have been sexually harassed at work but their employers are not dealing with the matter. I also hear from many human resources professionals who struggle to convince managers and executives that sexual harassment complaints need to be dealt with fairly and diligently, especially if the complaints are made against senior-level managers or so-called star employees. Usually these are employees who bring a lot of money into the organization.

The Ontario government has just released a new video ad against various forms of sexual violence and harass-

ment. Near the end of the video, the actor portraying a woman subject to sexual harassment at work said, "Thanks for telling HR." As a human resources professional, on the one hand, I am glad that we are being complimented as the ones to report harassment to. On the other hand, whether HR can really do anything in response is still subject to the mercy of corporate decision-makers.

While there are indeed many employers in Ontario who take the obligations to prevent and investigate sexual harassment seriously, their motivation is more out of their intrinsic goodwill and sense of doing the right thing and less about legal compliance. The reason is that the workplace harassment provisions in the Occupational Health and Safety Act make no specification on the quality of corporate sexual harassment policies, nor are there any enforcement provisions to ensure employers are actually following their own harassment policies when a complaint is made.

Even further, unscrupulous employers can actually use their harassment policies mandated by law to put up barriers against employees who need to make a sexual harassment complaint. That is done by including bureaucratic hurdles and tight deadlines that must be met before the employer will take any action.

The worst organizational harassment policy I have seen requires an employee who needs to make a sexual harassment complaint to make the complaint within 72 hours of the alleged incident and have it in written form, double-spaced, printed on one side and in 12-point font. If even one of these requirements is not met perfectly, the sexual harassment complaint will be rejected by the organization summarily without being investigated.

What happened here is the organization turned good practices for file management into hurdles and stumbling blocks against employees who need to make a sexual harassment complaint. For sure, it is certainly a good idea for complainants to make their complaints in writing and in a manner and format that is easy to read. However, just the fact that they didn't do so, or not perfectly, or maybe if the complaint is initially made orally, shouldn't be a reason to just deny the complaint right away without even looking into it.

Even if employees are able fulfill all these requirements after being subjected to workplace sexual harassment, it is doubtful that the particular employer that I mentioned would objectively investigate the complaint, since the bureaucratic hurdles in the policy signal that the preferred method of dealing with workplace harassment for this employer is not to deal with it if they can get away with it.

For these reasons, I welcome the measures regarding workplace sexual harassment announced recently by the government in its action plan entitled *It's Never Okay*. The contemplated amendments to the Occupational Health and Safety Act, as far as the proposed code of practice, have the potential to remind employers that the government is serious in eliminating sexual harassment in Ontario workplaces, and employers have to get on board.

I agree with the current wording of the Occupational Health and Safety Act as well as the government's action plan in declaring that the responsibility to properly investigate workplace sexual harassment complaints lies with the employer. After all, it is the employer's obligation to maintain a harassment-free workplace.

It should be noted that one inevitable effect of the government's action plan, plus the efforts to increase awareness of workplace sexual harassment, will be a significant increase in the number of complaints that are made. When people are confident that their workplace sexual harassment complaints will be taken seriously and dealt with fairly, or if they have that perception, they will no longer stay silent. Sometimes I've heard complainants, when asked why they decided to bring forward a sexual harassment complaint at that particular time, often say, "That's my new year's resolution. I will no longer stay silent, and I think that now the employer is paying attention."

Perhaps you may recall the previous situation in the past when the Ontario Human Rights Commission used to investigate human rights complaints, and that led to a huge backlog of cases pending investigation, which resulted in Ontario moving away from that model and to the Human Rights Tribunal model. Indeed, in those Canadian jurisdictions where the Human Rights Commissions continue to investigate complaints, there are persistent allegations that intake officers would nitpick the complaints received and reject as many as they are able to, as there are insufficient resources to deal with all of them.

Given the sensitive nature of sexual harassment complaints and the need for timely resolution, it would be a disaster if the complaints cannot be promptly investigated due to a government agency's backlog.

Therefore, to avoid the potential catastrophe of unacceptably long wait times for investigation due to government budgetary pressures, the responsibility to investigate should remain with the employer, with the government's role being of oversight, monitoring, quality control, and, if the employer is indeed found to not have fulfilled their obligations to prevent workplace sexual harassment adequately, then they are levied an appropriate fine.

Indeed, mandating that an employer must promptly commence an investigation after receiving a workplace harassment complaint—for example, within 30 days of receipt—would be a good quality standard for regulation. Other advisable quality standards would include that the investigator be free from conflicts of interest, be free to make findings without the possibility of reprisal and be accountable to a professional regulatory body. The investigator should be required to hear from the complainant, the respondent and any relevant witnesses in conducting the investigation.

The rationale behind implementing quality standards is to ensure that all workplace harassment investigations are credible and free from bias. This will ensure that the findings are fair and not affected by differences in power

and influence between the parties. For example, a junior administrative assistant can be assured that her complaint of sexual harassment against a senior vice-president of the employer will be given proper consideration during the investigation, despite the clear differences in power.

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It also goes without saying that an important conflict of interest to be avoided is where the investigator stands to benefit if the investigation makes certain findings. For example, an external human resources consultant, such as myself, who investigates a sexual harassment complaint should not conclude that certain employees require sexual harassment awareness training and then subsequently be hired by the employer to deliver that training. Likewise, if an outside lawyer is the investigator for a sexual harassment complaint, but the same lawyer or that lawyer's law firm normally represents the employer in employment termination litigation, one can easily see that the investigating lawyer may be biased towards concluding that someone be terminated as a result of that investigation, as the lawyer or the law firm would benefit from the possible litigation that arises from the investigation's findings.

In other words, investigators should not be in the position to derive personal or business benefits should the investigations they conduct result in certain outcomes. Their remuneration should be restricted to the investigative work that was performed, and not for any services that may be required as a result of the investigation. In other words, one can either be paid to do the investigation or be paid to deal with the results of the investigation, but should not be paid to do both.

Finally, I should mention that the best way to maintain a workplace free of sexual harassment is to maintain a workplace that is free of any kind of harassment, sexual or not. A workplace where people always respect all others in their interactions is one that is much less likely to have sexual harassment complaints compared with a workplace where people routinely bully each other and where the interpersonal environment is characterized by fear and intimidation. Sexual harassment is just one possible manifestation of someone's disrespect or abuse of power towards another. Therefore, the most effective method of preventing workplace sexual harassment is to focus on eliminating the underlying attitudes that lead to all forms of harassment.

Of course, from the legislative side, if sexual harassment becomes detached as one particular form of harassment where the penalties are heavier or where employers have more obligations compared to non-sexual forms of harassment, what will start to happen is that some people are going to start arguing, saying, "Oh, this particular case is not really sexual harassment; it is something else," when in fact it really is. Depending on how the government proposes to define sexual harassment, you may end up with a situation—for example, say there is a form of harassment against gender identity or sexual orientation. If that is not adequately covered by the definition of sexual harassment, if that definition fails to

capture all forms of harassment of a sexual nature, you're going to end up with harassment that really is sexual in nature, but they can somehow weasel out and claim that it is not, to avoid those increased obligations and penalties.

Thank you for this opportunity to share my perspective with you today. I'm happy to answer any questions you may have.

The Chair (Ms. Daiene Vernile): Thank you very much, Mr. Yu. Our first set of questions will come from our Liberal caucus. MPP Wong.

Ms. Soo Wong: Thank you very much, Madam Chair. Thank you very much, Mr. Yu, for your presentation. I just wanted to get some clarification. In your written notes to the committee, you commented about the Occupational Health and Safety Act. Specifically, that act, I'm assuming, is under the jurisdiction of the Ministry of Labour.

Mr. Andrew Yu: Yes.

Ms. Soo Wong: So, in your professional opinion, do we currently have under the Ministry of Labour an investigator or inspector who specifically deals with complaints related to corporate and sexual harassment?

Mr. Andrew Yu: The role of the Ministry of Labour, as far as it is done in the field to employers, is that they would go in to make sure that the employer does have a policy against harassment. The way the law is written, you're supposed to have a policy as an employer. You're supposed to detail how you would investigate complaints, and then there's also the training aspect, as well as a regular review aspect.

However, in terms of the Ministry of Labour actually investigating particular complaints, no, that doesn't happen.

Ms. Soo Wong: So what I'm hearing, and for clarification for note purposes, is that at present, the Ministry of Labour does not have inspectors who deal specifically with issues related to sexual—or harassment in workplaces.

Mr. Andrew Yu: If a Ministry of Labour inspector goes into a workplace to talk to an employer, and the employer does not have a workplace harassment policy, or that policy has not been posted and so on, they would receive an enforcement order and, of course, there would be penalties.

The issue is that having a policy is one thing, but do employers follow their policy even if they have it up? That's where the gap comes in. As long as the employer has a policy, then, pretty much, their obligations are done. The policy could state all these things that comply with the law—because after all, most of these policies are written by lawyers and consultants, so on paper, they look to be perfectly in sync with what the law requires—but in reality, when someone actually comes forward and says, "I have been sexually harassed at work, and this is what happened to me," there's a bit of a gap there.

Ms. Soo Wong: Okay.

The Chair (Ms. Daiene Vernile): MPP Dong?

Mr. Han Dong: Thank you, Madam Chair, and thank you, Mr. Yu, for coming and giving this presentation.

My question is actually similar to MPP Wong's, and you answered part of it. My question was going to be that under the current regulation, or provincial legislation, are employers required to have a harassment policy to deal with harassment reports? You say yes.

Mr. Andrew Yu: Yes.

Mr. Han Dong: My question goes beyond that. Are they obligated to educate the new hires, the employees, about this policy that they have? Without letting them know, this policy is useless, because the employees may not necessarily know their rights in the circumstances.

Mr. Andrew Yu: Yes. There are training requirements with the current law as it stands. The short answer is yes.

But it's more interesting that, quite often, where the gap between training and implementation happens, it's a little bit less on the new hires that are entry-level. Rather, the senior managers and the executives know their policy and so on, but it's just that when they get a complaint, they may not decide to take it seriously.

Mr. Han Dong: I gather that the answer is yes, they are obligated to educate. If they don't, what kind of body would be inspecting this, would be making sure that they come into compliance to this regulation?

Mr. Andrew Yu: As it happens in Ontario right now, in reality, if someone loses their job because of sexual—and they do file a civil claim for wrongful dismissal, if the employer did not follow their own policy, of course, the courts would not look on that very favourably. But in a sense, the prime enforcement mechanism right now is the civil courts in real life.

Mr. Han Dong: That's good to know.

Mr. Andrew Yu: So for complainants who might not really have the resources to take it to court, it might form a barrier.

Mr. Han Dong: Thank you. That's good to know.

The Chair (Ms. Daiene Vernile): Thank you very much. We have a question now from MPP Jones.

Ms. Sylvia Jones: Thank you for presenting. I'm very interested in your comment about the fact that employers should have a window, a deadline, for how quickly they must begin the investigation, which makes a lot of sense to me. But I am curious as to why you suggested 30 days. I'll give the example. The one example you raised was that they had to make the complaint—file the complaint—within 72 hours. I think there are probably some reasoned arguments for why it should be dealt with expeditiously. Quite frankly, because of what it does to the workplace, I don't know why an investigation shouldn't have to start within 72 hours. So tell me why you like the 30 days.

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Mr. Andrew Yu: Actually, personally I don't have an issue with it if it is shorter than the 30 days. When I say 30 days, I'm kind of more thinking what happens if it's, say, a Christmas party situation, where people are not around because of a few weeks off. However—

Ms. Sylvia Jones: So we'll call it 72 working hours.

Mr. Andrew Yu: So yes, something—if it's even shorter than 30 days, there wouldn't be any complaints

from my end. I should clarify: The 72 hours for that particular employer was that they wanted the employees to make the complaint within 72 hours, but this doesn't mean that they are going to begin investigating within 72 hours. It's just that they would look at it and say, "Oh, you made this complaint. This happened one week ago, so that's more than 72 hours. We're just not going to deal with it." That was how that played out in that particular organization.

Ms. Sylvia Jones: Thank you. Do I have a few more minutes?

The Chair (Ms. Daiene Vernile): You do, yes.

Ms. Sylvia Jones: You obviously have experience with having to do some of those investigations. Have you found that the longer the investigation takes to begin, there are things that disappear? Memories fade, the motivation changes. My point is that the sooner that you can deal with those toxic issues and environment, the better it is for everyone involved. Maybe what I'm trying to get you to say and you don't want to say, and that's okay, is that we should be looking at how quickly those investigations should begin. It should be sooner rather than later.

Mr. Andrew Yu: Absolutely. In terms of setting up an investigation to notify the appropriate people that they are going to be involved in that particular investigation, they usually—to make it sort of a fair notification period, especially for people who need to respond to a sexual harassment complaint, you're looking for perhaps, say, one week or, at most, two weeks of notification.

The reason, again, when I said 30 days, it's more that I'm thinking of what is the maximum that can be reasonably still justified, but again, the best practice certainly would be as soon as possible. As long as everyone who is involved who has to provide information to that investigation is ready and actually is adequately notified of their role in the upcoming investigation, the investigation can begin. Again, even two weeks is more than adequate, and, as much as possible, definitely within seven days.

I absolutely agree with you that the longer it is—besides the issues of memory and so on, the faster an investigator can begin, the faster that this movement towards an investigation signals that the employer is taking this seriously, that the employer is not sitting on the situation.

Ms. Sylvia Jones: I agree. Thank you.

The Chair (Ms. Daiene Vernile): Thank you. MPP Natyshak.

Mr. Taras Natyshak: Thank you very much, Mr. Yu, for your presentation and sharing your expertise with us.

I'm just trying to contemplate the concept around the investigator within a workplace. I've got my little handy green book here, our Occupational Health and Safety Act. The ability of enforcement officers is already quite broad, as it is. But I have yet to find—maybe you may want to inform me whether a Ministry of Labour investigator might be the appropriate person to initiate an investigation on a case of sexual harassment or violence

in the workplace, given that they already have powers of investigation—they have lots of powers—and also the elimination of any pecuniary interests. Would you think that that might be an appropriate place?

Mr. Andrew Yu: Well, definitely, if the government so chooses to go that route, then definitely it is possible to write the law to reflect that. The concern I would have is the situation about resourcing and whether in fact the Ministry of Labour would get overly swamped.

One of the situations is that there are many, many different types of workplace complaints. People are not happy at work for many, many reasons. Let me say it this way: There are too many times that it is because of sexual harassment in the workplace. However, there are also many circumstances where people are not happy at work and it has nothing to do with sexual harassment.

The situation is that people perceive that the sexual harassment complaints system could be a way to do something against the employer; there's sort of an incentive to make a complaint and then see if something happens down the road. Personally, from the cases that I've dealt with in my own practice, in about half the cases I see that there is some sexual harassment that has happened, but in the other half of the cases, it's not harassment—but definitely something else has gone wrong at work, or else people wouldn't make a harassment complaint. There's something else that has gone wrong.

To get back to your question, the concern here would be, is the Ministry of Labour going to be sufficiently resourced to actually handle the volume of complaints that are anticipated when the system is open? Because anyone could make a complaint and say, "I was sexually harassed at work," but whether it actually happened to be sexual harassment or not, that is still a conclusion of an investigation.

The Chair (Ms. Daiene Vernile): MPP Sattler.

Ms. Peggy Sattler: The amendments to the Occupational Health and Safety Act address both sexual harassment and domestic violence in the workplace. Earlier in a response, you talked about a training component, but more in terms of employers training their employees so that the employees understand their rights. Are you aware of programs that are delivered in workplaces to help employers understand their responsibilities under the act to deal with both sexual harassment and domestic violence, and also, is there training for employers? The example that you provided of a completely ineffective policy suggests that employers don't really understand their responsibilities under the act.

Mr. Andrew Yu: Certainly if employers seek it out, there are many training providers from law firms, from human resource consultants—even if they were to approach, say, the Office of the Employment Adviser. There are many, many bodies where they can seek out that information.

I think when it comes to why an ineffective policy would be drafted is because this particular employer, yes, understands what the government is trying to do with the

law, but they just don't really agree with it, so they try to work around and see what kinds of gaps there are in the law which sort of make things difficult so they don't need to deal with these things. Certainly the intention back in 2010, when Bill 160 amendments were brought in, was in the right direction, but that is not enough. It hasn't been adequate because there are still these gaps where people who seek out gaps to not deal with these things can get away with it.

The Chair (Ms. Daiene Vernile): Mr. Yu, thank you very much for coming and sharing your comments with this committee today.

Mr. Andrew Yu: Thank you.

COLLEGES ONTARIO

The Chair (Ms. Daiene Vernile): We are ready for our next witness. Welcome. Please state your name and begin any time.

Ms. Linda Franklin: Thanks very much. I'm Linda Franklin and I'm the president and CEO of Colleges Ontario.

Madam Chair, committee members, thanks very much for providing this opportunity to speak with you today about this important subject and our colleges' commitment to working with you to promote awareness and prevention throughout the province on our campuses.

I want to begin by commending all of you for the actions that the province is taking to address sexual assault and sexual violence. I think we have a moment in time, a moment that's long overdue, and I think that the opportunity to do something permanent and important is now, so thank you for taking that initiative.

1730

The provincial action plan that the Premier announced earlier this month is impressive. Colleges were very pleased to have input into that plan, and we're all very grateful that Ontario is acting on one of the recommendations to improve helpline services throughout the province.

One of the big challenges that our colleges find is that most of them don't have the resources to provide 24/7 coverage, and even if they did, it would likely be from security staff, who aren't always the right person to be at the other end of the phone. So knitting together those helpline services from the resources that are out there in the province, finding a way to provide 24-hour coverage of counsellors who are well trained and able to help, would be really important.

I'm also really impressed with the new ad campaign. It is, I think, a powerful wake-up call to the seriousness and pervasiveness of the problem, and the role of bystanders, which needs to be addressed. As much as it might make us uncomfortable, there is no doubt it will have an impact on people's thinking.

I would also particularly like to commend the work of this committee. I think your efforts will absolutely ensure that this critical issue remains a priority going forward and that all members of the Legislature are working

together to address it. I think that symbolism is critically important as we go forward.

Of course, it's especially important that we promote awareness and protection on our post-secondary campuses. Today, I would like to brief you a little bit about the work we are doing at the colleges to strengthen our policies and procedures for addressing sexual assault and sexual violence. I'd like to also discuss how we can continue working together to ensure that we're as effective as possible.

Ontario colleges have long-standing policies and practices in place to promote safety, protection and awareness. But as we all know, issues were raised last fall about whether we were doing enough. In particular, news organizations such as the Toronto Star were questioning the fact that colleges and universities didn't have distinct, stand-alone policies on sexual assault and sexual violence. It became clear that even though we had policies, oftentimes the information that our students needed to find was buried in policies that were hard to access. It was obviously a legitimate question to ask and important for the colleges to take it seriously.

Within days of this issue being raised, the 24 presidents of our colleges met in Toronto to review how we could build better policies and practices, and understood that there was more that we needed to do. At that meeting, the presidents voted unanimously to create a stand-alone policy template for sexual assault and sexual violence that could be used by each of our colleges to produce something that represented best practice that was common across the college system and that would be publicly promoted at all of our colleges.

A task force was assembled that included senior college leaders, student representation and legal expertise. Our task force began meeting in early December to explore the elements we felt were essential to creating a policy that could be effective and inclusive, encourage individuals who have experienced sexual violence to come forward to report, and ensure meaningful and immediate support is available to them. There were a number of issues—I know it won't surprise anyone on this committee—that needed to be addressed and complex challenges around things like enforcement and legal considerations.

As the stand-alone policy and protocol was being developed, some of the issues that were tackled included:

- providing clear definitions of sexual assault and sexual violence, including a detailed description of consent, which I think you've heard from other presenters today is a critical priority;
- setting clear standards for reporting and responding to incidents of sexual violence, including standards for reporting information in cases where you didn't witness the incident first-hand, but have a responsibility to come forward;
- establishing clear processes for complaints and investigations that respect the rights of the survivor and the accused;
- ensuring that people who make complaints are protected from reprisals, retaliation or threats; and

—ensuring that the confidentiality of everyone involved in the reporting of sexual violence is observed and that the college does its best to respect the confidentiality of everyone.

We have created a protocol that provides clear information to students, staff and everyone in our colleges for filing complaints if a person has experienced or witnessed sexual violence. As I mentioned, there is a protocol for cases where someone has learned of an incident of sexual violence. The roles and responsibilities of the college and its employees are clearly described. The policy and protocol will be applicable to the entire college community on each of our college campuses, and that includes suppliers and contractors that do business with our colleges and are on our college campuses.

In January, draft versions of the policy and protocol were publicly announced and promoted on our website. Colleges then began the work of conducting individual consultations locally with their own college communities.

Colleges Ontario and the 24 colleges have been consulting with a wide number of people, including students and student leaders across the province, the Ontario Women's Directorate, OPSEU, law enforcement experts and sexual violence experts. We have received excellent feedback and have incorporated a number of the essential changes that people suggested in our documents.

We're also particularly grateful for the thoughtful advice and input we have received from Ontario student leaders and students across our province. The students in Ontario have been a leader on this issue and our campuses and have done tremendous work. Every single one of our colleges that went out into their local communities and consulted with their students reported that they received enthusiastic, meaningful engagement from our students and that every one of them was very engaged in trying to help make our campuses safer.

I would like to publicly thank the Canadian Federation of Students and the College Student Alliance for their feedback and recommendations, along with the advice from individual students at all of our colleges.

I'd also like to acknowledge the advice and support we received from the Ministry of Training, Colleges and Universities and the Ontario Women's Directorate. They were part of our task force. They were incredibly supportive and helpful in providing good advice.

The policy and protocol we have developed are templates that will be used at each college. The core elements will be consistent right across the province. We think that's important, particularly for people who change college campuses in the course of their education, so that no matter where they study, they will understand the protocol and the policies in the same way. Colleges have the ability to tailor the policies and protocols to fit distinct circumstances in their communities and absorb any input they got from their own student leaders.

We had publicly committed, when this started, to have a finalized policy and protocol publicized at every college by the end of the month, and I'm happy to report to you that we are going to meet that deadline. On March

31, all the colleges will go live on their websites with their own policies and protocols, which will be consistent across the province.

It's an important step forward, we think, and I'm also proud to say that since this work started in Ontario, and since the Ontario government began this work, we have had inquiries and have shared our policy and protocol with the college systems in British Columbia, Alberta and the Maritimes. It has been used at UBC and other individual institutions. The Michener Institute has picked it up. So the ripple effects of this work that you folks are doing are being felt across the country.

When the University of British Columbia called us, they asked that I share with the Ontario government their gratitude for your work in starting this and allowing them to continue it in their province.

Survivors have to know, I think, that they are in an environment that is welcoming and that reports of sexual assault and sexual violence are taken seriously and dealt with immediately and effectively.

It became clear to us throughout our work that there are areas where the provincial government can certainly help strengthen the measures to promote campus safety. One of the areas, which I mentioned earlier, involves emergency helpline services for survivors. So it's crucial, we think, just to emphasize again that effective helpline services are available to all survivors, regardless of where they live in the province, regardless of when they pick up the phone to make the call, 24 hours a day, seven days a week.

We applaud the province's action plan commitment to integrate and coordinate these helpline services. The Ontario Coalition of Rape Crisis Centres phoned us just after our protocol was announced, saying that they are anxious to help with this and would be happy to put their resources across the province at the service of a more coordinated approach.

While the stand-alone policy and protocol for each college will be publicized next week, we know that really our work is only just beginning. So our task force will continue to meet to examine many of the issues that we think follow from this one, everything from education and training to awareness and prevention programs and the effective communication of the policy and protocol. We'll continue to work with students and student leaders as we go through this process, along with enlisting the help of community organizations that have come forward to offer meaningful advice on all these areas based on their experience.

We believe that the successful implementation of the action plan requires all of us—government, colleges, students, community organizations, and leaders in this area—to work collaboratively. We're looking forward to receiving more details about some of the new initiatives in the plan. But from our perspective, the extent to which we can coordinate activities, ensure that training resources are consistent across the province, that awareness campaigns are consistent so we're not asking colleges to develop 24 different plans and we don't have everybody

in the public sector developing their own separate plan—to the extent that you folks can help coordinate this, it would be really helpful. Then we would be assured of a certain measure of best practice right across everything we're doing, which will be important.

1740

We share your commitment to the expansion of training for employees and we've begun discussions about what's needed. We hope, again, there will be details forthcoming about the expectations and potentially some resources for training so we can begin that work as soon as possible.

We believe that for us, the deadline—I think it's embedded in the action plan—is the start of classes in the fall this year. As you can imagine, it will be challenging to develop all of the resource materials and the training required by then. We're very committed to doing that, but, again, the sooner we get information on the details of this and how the province wants to engage versus how they would like colleges to engage—what we're going to do together—all of that information will be very helpful.

Finally, we want to work in partnership with the province to ensure that the new reporting requirements are clear and that we meet the government's expectations. We also want to be sure that we work together to make sure that we're reporting on the right things. You can report on a lot of stuff, but if you're not reporting on the right things in the right way and you're not being monitored and measured appropriately, oftentimes reporting ends up looking more like a shield against actual progress than it does measurements of real progress made.

As this process unfolds, we'd also encourage the provincial government to look at similar reporting standards for the broader public sector. There's no question that this is a critical issue on our campuses, but it's no less important in other areas of our lives, and I'm not sure why we would single out campuses and say, "You folks should report on progress, but we don't think others should have the same obligation." We think reporting is a critical element of this and a particular issue around ensuring accountability. We'd ask you to think about that as you go forward.

Ontario, as I said, is leading the way on this issue. We're hopefully demonstrating some leadership in our communities that others can build from because the safety of our students and everyone on our campuses is paramount.

I thank you for providing me with this opportunity to meet with you today. Thank you so much for your leadership on this really critical issue. We look forward to working with you as we go forward on ways that we can strengthen our resolve around this area and make sure that when we lose this moment in time, we don't lose the initiative.

The Chair (Ms. Daiene Vernile): Thank you, Ms. Franklin, for sharing your information with us. We have a question for you now from MPP Scott.

Ms. Laurie Scott: Thank you very much—excellent presentation. I have to commend all the colleges. You

certainly took action quickly. I think we're learning from you in your presentation today. I don't know what you can maybe allude to if I ask some questions on your plan because you're going to launch it in less than a week. That's pretty impressive.

We have the action plan that was presented. Do you see some specifics maybe from that action plan, how money can be channelled to the colleges for what you were looking for?

Ms. Linda Franklin: Sure. I think one of the critical things for us is that we have an immediate requirement now to train staff in the college system and build awareness around this policy and protocol. We'll launch it on 31 March, and then what?

Initially we're going to start with webinars that people can use across the province to start to understand what the policy looks like. But training is challenging and expensive, especially in our smaller communities. Our original impulse—at least mine—was to say, "Let's have one go-to person on each campus." You pick up the phone and they're there with the answer. But our student representative said, "Look, that's not going to work because the person you've designated may not always be the right person for a particular person to call."

That means that training will have to be fairly broad-based. We don't know where a young person who has experienced sexual violence—or an employee—may choose to go first. Figuring out how we fund that training across the province, even if we do it jointly in as coordinated a manner as we can, is probably the first place for some serious consideration of funding.

I think the other thing—and this is more a coordination effort. The other thing the action plan speaks to is awareness campaigns across the college campuses, again starting at orientation. We've said that it will need to be throughout the time that our students are with us because many of them don't go to orientation or they don't remember much of orientation by the end of it, and people come in and out.

I think one of the key issues for us is, to what extent can we coordinate that work? The CFS has done a lot of work. They have big awareness campaigns now. Many of the other organizations that work on sexual violence issues have campaigns. Our hope would be that the province can bring some coordination to bear on this, so we don't have, as I say, a thousand people developing individual policies, some of which might be terrific, and others maybe not so good.

Ms. Laurie Scott: How much time do we have?

The Chair (Ms. Daiene Vernile): Yes, for a quick question.

Ms. Laurie Scott: Well, I will just put out a couple of comments on the medical services that are available on site in the colleges, and then also Ms. Jones and I were discussing Telehealth, if there's a role for the crisis hotlines. I don't have the answers. I'm just kind of throwing things out.

The ads that are out there, I think, are quite effective, that are happening right now. Each of the colleges can

decide whether it's posters or how to communicate. But I don't know if you had any comment quickly, in the probably no minutes I have left.

Ms. Linda Franklin: Sure. So given the eight parts of that question, Laurie, and the 30 seconds I have—

Ms. Laurie Scott: That's how my mind works. Sorry.

Ms. Linda Franklin: So Telehealth, yes, and we're also, of course, working on best practices for mental health. There's now a helpline around that. Those resources, I think, are critical, because as you all know, health issues and mental health issues go along with this. So how we coordinate those resources is critically important, especially because we don't have unlimited resources. So doing this well matters.

There are some health resources on college campuses, but each of them—one of the jobs in this protocol was to say to the colleges, "As you develop your local one, go out and identify all the local resources that are in place, and provide an appendix for students with easy links so that if they want to go to one of those resources first, they can find it easily." So there are some resources available to students on campus, but in case they choose to go someplace else, there are other resources that will be in the protocol.

What was the other part?

Ms. Sylvia Jones: That's pretty good.

Ms. Laurie Scott: I think that pretty much covers it.

You've been very impressive on leadership in the colleges and in your presentation, so thank you very much for coming.

Ms. Linda Franklin: Thanks.

The Chair (Ms. Daiene Vernile): Thank you. Questions now from our NDP caucus? MPP Sattler.

Ms. Peggy Sattler: Thank you very much. I just want to echo MPP Scott's comments about the responsiveness of the college system to this issue as soon as it was flagged and the extensive work that you've done to develop this policy.

I think you were here for an earlier presentation that this committee received from the people from WomenatthecentrE. It really emphasized the importance of engaging survivors in both the development of policy and in an ongoing way in terms of implementation. I wondered if you could talk a little bit about whether you did engage survivors, young women who were comfortable identifying as survivors, and what impact that had in the development of the policy.

Ms. Linda Franklin: Sure. Yes, in a couple of cases directly and in a couple of cases indirectly, if that makes sense. It goes to another issue, I think, that was talked about by that group around accountability. I don't think there's any question that the involvement of survivors is critical as we go forward. They have an expertise that others don't have. They have a perspective that is critical. So I think that's incredibly important.

I think the other thing that's really important, that one of the survivors that spoke to us said, is this issue around accountability. It was a very interesting conversation, because she basically said, "Listen, part of the challenge

you're going to have for any of these policies to work is how do you have third-party verification that things are being handled well?" In any institution, there is an actual negative consequence, potentially, for doing the right thing. So you hear a report of sexual assault, you act, you express publicly the action that was taken, and in some cases, you get a bit of a hit in your community, because is the campus safe? Maybe it's not; maybe my child shouldn't go there. There is no consequence on the other side for doing the wrong thing, for not having the moral courage or authority to do what needs to be done when a survivor comes forward.

So I think that you always have to hold administration accountable. They are ultimately accountable for what goes on in their institutions, and they have to be held accountable for doing this in the right way. But I think a piece of that accountability from the survivors' perspective is, how do you make sure that somebody else has eyes on the process so that you know there is a check and balance, that things are going well?

Also, if you were a survivor, and this was her main point, how would you know, if there's a reporting, which the action plan requires—let's say that every six months, all the institutions report what they've done to the government. How does a survivor know that what's been reported is actually what she experienced, what happened? I think from the perspective of survivors we spoke to, there's also a challenge about how you figure out how to open that reporting so that survivors, particularly if they wanted to report anonymously, have a way of understanding that what's being reported to government is actually what they experienced. So those would be some of the takeaways.

The Chair (Ms. Daiene Vernile): Thank you very much. We're going to take a question now from MPP Lalonde.

Mrs. Marie-France Lalonde: Thank you, Ms. Franklin, for joining us. I'll echo what our colleagues here are saying. I commend you for all the work you've been doing. It's great to see that leadership.

I don't want to ramble, but I need to ask you some questions. I guess there's one component that we haven't heard and I wanted to know about: How are we addressing some of our international students who are on our campuses? Like I say, it's great, but that's one piece that we haven't heard. So I was wondering if you can explore a little bit on that.

Ms. Linda Franklin: Only because I think from the colleges' perspective there is really no difference—that sounds a little naive. We know there are all sorts of cultural differences and challenges, but at the end of the day, the colleges' view is that wherever their students are coming from, the policies and protocols will apply to everybody equally. So as they go through, part of their

consultation—some of the campuses, as you know, are very internationalized; some of them not so much. If you're in the GTA, you tend to be more internationalized. For some of those campuses, their local consultations included discussions about how we can make sure we bring students from other countries into the discussion. I think the larger question is, really, awareness and prevention training: How do you make sure that those elements are culturally sensitive and appropriate and that it brings those students into the picture as well, and make sure they understand what the requirements are?

Mrs. Marie-France Lalonde: Thank you, because you're leading to my next question. We know we're taking measures—you're taking measures; we have this wonderful ad. But from your experience and your expertise—and that's the million-dollar question, probably, that I'm asking—how can we prevent this from happening?

Ms. Linda Franklin: Well, you know, I think this is an iterative process, to be honest. When I was at the college of physicians in the late 1980s, we did a sexual assault task force that I was the lead staff person on, and you'll notice we still have problems today. By the end of that process, which was very gut-wrenching, we had filing cabinets full of reports from women, many of them anonymous, who did not want to report, but wanted us to hear. So even through that process, and all sorts of recommendations and all sorts of outside help, we haven't solved the problem.

I think, really, all we can do is our best to keep this top of mind and not find ourselves in the position we are today, where, because there's a moment in time that probably started with Jian Ghomeshi, that isn't the only trigger for paying attention to this issue and moving forward—that we measure ourselves every year on the progress we've made that we make sure that it always informs our thinking going forward. I think, really, that's the only way to make progress. It's a complex, challenging issue that covers so many areas. We're not going to wave a magic wand and solve it tomorrow, but I think if we have goodwill, seriousness of intent and determination, we'll make it better every year.

The Chair (Ms. Daiene Vernile): Ms. Franklin, on behalf of the committee, I would like to thank you very much for coming and speaking to us today and sharing your information with us.

To guests whom we have here in the room with us, thank you very much for being present and participating as well. And to our committee members, I would say that that was an excellent first meeting we've had with our witnesses.

This committee stands adjourned until our next meeting.

The committee adjourned at 1754.

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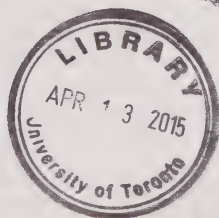
Mercredi 1^{er} avril 2015

Select Committee on Sexual Violence and Harassment

Strategy on sexual violence
and harassment

Comité spécial de la violence et du harcèlement à caractère sexuel

Stratégie de lutte contre
la violence et le harcèlement
à caractère sexuel



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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

Wednesday 1 April 2015

COMITÉ SPÉCIAL DE LA VIOLENCE ET DU HARCELEMENT À CARACTÈRE SEXUEL

Mercredi 1^{er} avril 2015

The committee met at 1600 in committee room 1, following a closed session.

STRATEGY ON SEXUAL VIOLENCE AND HARASSMENT

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. The Select Committee on Sexual Violence and Harassment will now come to order.

For the benefit of our visitors who are here today, I would like to state the mandate of our committee. Our task is to make recommendations to the Legislature regarding sexual violence and harassment. We are going to be listening to survivors, front-line workers, researchers and advocates in communities right across Ontario who are going to inform us on how to shift social norms and barriers that are preventing people from coming forward to report abuses.

I want to stress that your advice is going to help to guide us as we make recommendations to deal with systemic sexual violence and harassment. However, I should note that this committee does not have the power or the authority to investigate individual cases. That is better left to the legal authorities.

I want to warn you in advance that I am the time-keeper, so I apologize in advance if I may seem a bit abrupt, but I am keeping time to ensure that we get to hear from as many people as possible this afternoon.

SOUTH ASIAN WOMEN'S CENTRE

The Chair (Ms. Daiene Vernile): I welcome you for appearing before us. You have 10 minutes to speak, and that will be followed by some questions from our committee.

You may begin now. Start by saying your names.

Ms. Kripa Sekhar: My name is Kripa Sekhar. I'm with the South Asian Women's Centre. I'm the executive director there. I will be presenting.

I have two front-line staff members here. They are both settlement counsellors, at least counsellors—so they multi-task. They do a lot of intersectional counselling. They will be here to answer some of the questions you might have from front-line staff. I have Subuhi Jaffrey here, who works with the Urdu Punjabi-speaking com-

munity, and I have Sabita Saha, who works with the Bengali community.

Ms. Sabita Saha: Hi. Good afternoon, everybody.

The Chair (Ms. Daiene Vernile): Good afternoon.

Ms. Kripa Sekhar: Thank you for giving me the opportunity to present. I thought it was 15 minutes. That's what I was told.

The Chair (Ms. Daiene Vernile): Certainly you can have 15 minutes, and we'll reduce the number of questions.

Ms. Kripa Sekhar: Okay. Thank you.

Honourable committee members, thank you for giving me the opportunity to speak on behalf of the South Asian Women's Centre. As I already said, my name is Kripa Sekhar. I am the executive director of the South Asian Women's Centre.

The issue of sexual violence and harassment is a very complex one in the South Asian community. It is the story of newer immigrants in Canada, a story of two countries: the land of birth, steeped in traditions, and the land of settlement, described as the land of freedom and opportunity. Within that complex framework are the struggles, challenges and survival of South Asian women.

So how does one define sexual violence and harassment in the community that we serve? Violence against women is a global issue but manifests itself in different ways in different situations.

The violence that South Asian women face is no different than what any other woman faces. The unfortunate situation in the case of immigrant women is exacerbated because they are newer immigrants, and fear of reprisal, loyalty to family, loss of income, loss of family and community support, isolation and language barriers dominate their willingness to talk about these issues. A woman deals in silence with this.

Many women have actually said that the abuse they face as a result of the system is shockingly alarming and scary. A majority of South Asian women who face sexual abuse and harassment in the workplace don't even report it. They would rather walk away from it and resign from their jobs.

At the South Asian Women's Centre, almost 700 cases of abuse were reported last year alone. Many cases are still open because these cases take time to find resolution.

Based on casework and client feedback, SAWC has witnessed cases of marital rape as a result of forced marriage, incest and other forms of sexual violence.

What do we know based on the client profiles? There is a strong sense of family loyalty that dominates the unwillingness to out a family member because of the fear that the person will be punished or deported. This can cause tensions in the home country.

Quite often, mothers are also responsible for cautioning their daughters to put up with abusive spouses—and I will give you three quick examples later—or, in the instance of sexual abuse by a relative, to remain silent, to avoid being shunned by the community and other family members. It is also seen as a barrier that prevents a woman from being marriageable.

"Rape" is not a word that is commonly used in the community; there is a code of silence around this word. Many women do not wish to report abuse, and particularly sexual abuse, because they are not even aware that this is not right. Often they fail to understand that—gestures and emotional abuse are not characterized as abuse; they think only physical abuse is abuse. Often they will say to us, "I was not hit. He spoke like this to me, but he didn't hit me."

Another key factor in not wanting to report is the fear of being judged by a system that is new to them, as well as being shunned by family and community that feel stigmatized by media profiling—because often when a South Asian woman gets murdered, it becomes a South Asian issue, and the entire community gets labelled; there is that media profiling; and there is also the court system, which has changed considerably, particularly with what they call honour-related violence—because these cases are represented through a community lens.

In short, if South Asian women are to feel supported, there has to be a very strong framework that is based on understanding and addressing the issues of race, class, gender and immigration status, to name a few. Proactive measures rather than punitive ones are very important if there is a sincere desire to make the lives of immigrant women better.

I have kept my presentation rather broad, and I'm going to give you three quick cases.

We had a case which was very, very heartbreaking. There was a beautiful young woman who was married to a man who represented himself as the owner of a hotel chain. She was the only child of her parents, came from another country into this country and was married, to find out that he was working in one of the restaurants as a cleaner.

What ended up happening was, one day he took her and left her in a hotel, so she was raped by his boss. This continued. Finally, she didn't know what to do, so she called one of her uncles and said, "I want to go back home." She didn't tell him what was wrong.

He said, "Go to the South Asian Women's Centre and talk to somebody there."

This was a client that we dealt with. She didn't even want to come right into the centre, but she did. She didn't want to show her face to anyone.

We called her parents. Her father came down; he didn't know what had happened. She disclosed the story, and the father was so upset, and he wept. He took his daughter back.

In another story, however, in another case, there was a young woman who got married in India. Parents paid for the marriage, parents gave money; parents did everything. She is well-educated. She came here; she's still here. But she came on what is known as a conditional visa, so she has to stay in her marriage for two years to prove that she is married.

What has ended up happening is, she has been abused emotionally, physically—in every way possible. Many times, she has tried to get out of the marriage. She has contacted her family at home, and her mother has essentially told her, "If you come back here, please don't come back to our city and our home, because I have other children to get married."

She has somehow struggled and stayed on, and we are continuing to support her. Her case is still not an open-and-shut case.

We have another case—I'm just giving you a few of the cases—of a young woman who got married and came to Canada. Again, the father paid for the marriage, paid for whatever the bridegroom needed—everything. At the airport, when she landed, after she got her permanent residency, she was essentially told, "Your husband has let us know that he has divorced you." A young girl, 23; she has no connections in this country. Straight from the airport, she had one friend who she managed to contact. That was because the immigration officials contacted her.

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She ended up at SAWC. We tried to get her a lawyer to get an exemption etc. for the conditional visa—because she was also on a conditional visa—but she had no income. She had no way of representing herself. She didn't know how to manage the system. She was a young, beautiful woman, and finally she went back because her father said, "I would rather protect her."

These are the kinds of complexities that we're seeing, and it's very hard for us to deal with these situations. They are individual situations and need individual solutions.

Incest? Yes, that happens, where you find family members—it may be a father-in-law; it may be an uncle who has sexually abused a young woman—and they are very nervous to talk about it. When they talk about it, they'll say, "Please, never mention this to my family." I'm just giving you a picture of what is going on.

The South Asian Women's Centre does not get funded to provide these services. We get a little bit of money from the Canadian Women's Foundation, and Sabita has been hired under that program for two days a week. Subuhi is a full-time staff member through the Newcomer Settlement Program, as well as another program that we have.

We did get some money to do some projects through Status of Women Canada. One was There is No "Honour" in Violence Against Women and Girls. We

have prepared an inter-agency strategy to try to remove the word “honour” from the word “violence,” because it is profiling certain communities negatively.

The other project is—I didn’t bring enough books, I’m so sorry, but I did pass around a few. We prepared this training manual, Forced Marriage as a Form of Human Trafficking. It’s revised from the original version. This was funded by the Ontario Trillium Foundation. We have already started the training. In fact, 54 Division has requested additional training because they found that this was very useful to them. This is something that we do.

In addition, we have women survivors who are seniors who come to the centre, who are lonely women. Subuhi manages the group with them, and she has produced a cookbook that they have actually contributed to. This is one of our fundraisers, because we are trying to get the printing costs for it. The cover page has been done by Subuhi; she’s a painter and an artist.

I’m just presenting these things to you in terms of the work that we do. Every dollar that is given to us is spent valuably. We really get no funding to do the kind of work that needs to be done, but we do it because the lives of these women are very important. The commitment of the staff is—I really have to admire them for the fact that they’ll stay back until 7 o’clock and 9 o’clock, sometimes, waiting for an officer to come, or sometimes because they have to take this woman home or find her a shelter. It’s unbelievable the commitment that staff have.

Thank you.

The Chair (Ms. Daiene Vernile): Thank you. You are right on time. We do have time for questions from our members. Would you like to ask a question? From our opposition members—

Ms. Laurie Scott: That’s great. One question?

The Chair (Ms. Daiene Vernile): Yes, one question.

Ms. Laurie Scott: Okay, one question quickly: You mentioned 54 Division. Are they the division mostly in the area you serve? I guess what I’m asking, and trying to say it quickly, is what is it that you see that you need to let the local police know? Is your shelter big enough? How can you accommodate the referrals, I guess, to spread the message that you’re there, and what can we do to support you?

Ms. Kripa Sekhar: We were founded in 1982, but we serve the entire GTA, not just Toronto. Our office is located in Toronto.

Subuhi, you might want to answer, and you might want to answer. They will tell you clients come from all over. Am I right?

Ms. Subuhi Jaffrey: Yes. We have lots of Portuguese, Arab, Italian, Spanish, Hindi, Punjabi or Tamil clients.

Ms. Laurie Scott: So they would reach out to you more than, say, other women’s shelters is what I guess I’m trying to decipher.

Ms. Kripa Sekhar: We are not a shelter. We’re just a centre.

Ms. Laurie Scott: No, but—yes, a resource. Sorry.

Ms. Kripa Sekhar: And we work with shelters.

Ms. Laurie Scott: Yes.

Ms. Subuhi Jaffrey: We speak multiple languages. One staff speaks almost four, five, six languages. That’s how we are able to help.

Ms. Laurie Scott: Thank you. That’s probably all I have time for, but thank you very much for coming today and for preparing that report.

Ms. Kripa Sekhar: Thank you.

The Chair (Ms. Daiene Vernile): We’ll hear from our third party now.

Ms. Peggy Sattler: Thank you very much for your presentation and for taking the time to come speak to the committee.

I’m really interested in your project that you mentioned, There is No “Honour” in Violence Against Women. There’s a similar project in London called Reclaim Honour that’s being led by the Muslim community. But I’m interested in knowing from you what kind of response you’re getting from the South Asian community, particularly men in the South Asian community, as you try to delink this concept of honour from violence, because they should not be together.

Ms. Kripa Sekhar: One of the things we want to do is really link up with more men, but also with more women, mothers particularly, in the community so that they raise their sons in a way that respects women, because we believe that’s where it starts. But we are also reaching out to men in the community. We find that some men are very responsive. They have called the centre, they bring food to the centre and they work with us. But there are many men who have actually called us.

We’ve also received hate calls. It’s not surprising, because there are men who are not open to it at all—not just men, but even women who will not accept the fact that women are prepared to move out of this abuse. They feel that it’s a shame on their household if a woman walks out of her marriage. So we’ve had those kinds.

We are trying to reach out to men. Under the same project, we did a youth group in Scarborough that was attended mostly by young men and was very well received. But it was very interesting. We are going to put the inter-agency strategy up on our website and you can read the responses.

The Chair (Ms. Daiene Vernile): Thank you. We’re going to take questions now from our government members.

Ms. Harinder Malhi: I know that you guys do a lot of great work and I want to thank you for all the great work that you do at your centre.

You’ve talked a lot about the South Asian community and about racialized communities and groups. My question is, what do you think is needed going forward? Do you think that we need more support groups or more prevention-type services available for these groups?

Ms. Kripa Sekhar: I think that it’s a combination. There needs to be a very strong intervention strategy that is actually flexible and allows for a community like ours to be able to support women with those individual needs. There needs to be a stronger legal system that also

provides services that are more flexible to help women go through the system. We are trying to work with the media as well. There needs to be a more sensitized system that is able to understand that the needs of certain communities may be greater than for others, than for those who have lived in this country and who were born and raised here. I think there has to be that sensitivity. In order for women in this community to come on par with women who have been born and raised here, it's going to take some time, so there need to be those additional resources, and resources for agencies like ours to be able to do this work.

The Chair (Ms. Daiene Vernile): Ladies, I thank you very much for coming and informing this committee today.

CANADIAN ASSOCIATION FOR EQUALITY

The Chair (Ms. Daiene Vernile): I would now call on our next witness, and that is Jo-Ellen Worden.

I don't see Jo-Ellen Worden stepping forward, so I will ask for our next group, the Canadian Association for Equality. Do we have the Canadian Association for Equality here? Okay. Could you please take your seats and begin? Thank you. Begin by stating your name, and you have up to 15 minutes to speak.

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Ms. Eleanor Levine: I'm sharing that with some people.

The Chair (Ms. Daiene Vernile): You are.

Ms. Eleanor Levine: My name is Eleanor Levine. I am a psychiatric social worker. I worked in the department of psychiatry, in-patient and outpatient, at UHN, Toronto General and Toronto Western hospital, for more than three decades.

Currently, I'm on faculty at the University of Toronto as faculty field liaison in the Factor-Inwentash Faculty of Social Work. In that position, I work with graduate students. I also have a private therapy practice, where I specialize in doing grief therapy. In addition, I work with families, couples, men and women.

I also work with men at the Canadian Centre for Men and Families.

Interruption.

Ms. Eleanor Levine: Many of the men report having been or currently being victims of physical, emotional or sexual abuse and/or harassment.

I'm also happily married. I have three married sons and seven grandchildren. I'm pointing that out because I'm not a man-basher or a woman-basher.

I'm introducing you today to several people who will share their stories of victimization in the context of the newer norm in victim/perpetrator assessment. I'm asking you to listen carefully as they demonstrate to you that not only women but also men suffer from these terrible acts.

We have three people making brief presentations. James suffered through childhood sexual abuse. Anne is a survivor of abuse at the hands of a female and also

facilitates a group for trauma survivors. Steve lived for two decades in a dangerous relationship with a physically and emotionally abusive wife. When he sought support and protection, he was ridiculed and dismissed by police and members of his community. He felt that he had no escape and remained living in fear.

We know that violence spans all ethnicities, ages and socio-economic situations. These testimonies show that violence happens to girls and women and to boys and men. We are here to urge this committee to stay true to its mandate to include all survivors of violence and not forget those victims who don't conform to the stereotype of what a victim is supposed to look like.

Our first speaker is James.

Mr. James Buffin: Hi. I was prepared to speak at 4:40, and I have an A/V presentation which, unfortunately, does not seem to be able to be presented. If there is an opportunity to share the link after I speak, I would appreciate that very much.

Thank you for the introduction. I'm so sorry that I interrupted that. Please forgive me.

I'm going to compose myself. I do actually have a four-minute verbal presentation that I can speak, which I will share with you. I did both. If the link can be shared after the fact, I would really appreciate it.

I'm a filmmaker. Storytelling is a huge part of the work that we do at the Gatehouse. It's incredibly important to be able to use A/V support because, as a survivor, what gets robbed is voice. Trauma is a thief of voice. You lose the expression to verbalize. That's why so many survivor experiences are not conveyed and not understood yet. That's why I work in the media: to counteract this, to use the tools of my trade to convey that in ways that use metaphor and other ways to convey those stories.

Sexual trauma, especially when it is inflicted on a child, is a robber of soul. It does not heal with time; it gets worse. It ricochets inside of you, continuing the harm, and is amplified over time, not diminished. The worst part is that you think that you're the problem. It becomes invisible and is only recognized in retrospect, like a pickpocket.

When I was 10 years old, my older brother committed suicide. Around that time, I became a member of a recreational group for children where we did overnight trips. I was in desperate need of love, attention and support, and what I got instead was sexually violated in ways the memory of which distress me to this day.

That betrayal completely altered the course of my life and damaged my overall sense of trust. I became self-isolating, yet I was ambitious. But the harder I tried to achieve my life goals, the further away they seemed to be because I was internally being pulled in two directions simultaneously. Yet I believed that if I tried just a little bit harder, then maybe I could get enough and maybe I could get through, but I wasn't looking in the right place. That's a horrible trap to live in.

People who are sexually abused as children are very vulnerable to being re-abused later in life. At age 21, I

was sexually abused again by a predator employer who took advantage of my vulnerability when I was temporarily homeless and in a full-leg cast. A decade later, I learned that he had AIDS. At that time, I went through the hell of getting tested after having gotten married and having a son.

Had I been educated about post-traumatic stress injuries, I might not have suffered through more than 30 years of panic, anxiety and hypervigilance, mistakenly believing that that's just the way I am.

We have brain-scan technology that proves the mental health extent of sexual trauma injuries, which impact learning, sense of self and sense of belonging. We know the relationship between child sex abuse and risks of suicide, substance abuse, self-harm, loss of productivity, low self-esteem, guilt, self-blame, social withdrawal, marital and family problems, depression, sleep disruption and eating disorders, but somehow this cause-effect relationship has not yet been widely accepted as true. Child sex abuse is at the epicentre of a public health crisis. Accepting this cause-effect relationship is key to moving forward.

The numbers are staggering. Between one third and one sixth of the total population are known to have been sexually abused in childhood but, because males are less likely to report, the real numbers are more likely to be at least one third of the total population.

The biggest underutilized key to making a difference in the area of child sex abuse right now, in my opinion, is conscious awareness. That involves waking up compassion. By doing that, "overwhelm" can be displaced and the potential for change awoken. We need role models to show that transformation is possible, that it's possible to heal.

Adult survivors of child sex abuse are the fulcrum of awareness that can help leverage this horrible situation into something better. I believe it's time to pick trauma's pocket; take it back. But this is something that needs to be done collectively. We need nothing less than to shift the context. One of the best ways to initiate that is by having conversations like this one.

Ms. Anne Lee: Hello. I'm not sure what the protocol is, but I'll say hello, Madam Chair and Madam Vice-Chair and members of the committee. I'm here today to speak about female-perpetrated sexual abuse, or FSA, as a survivor, and as the owner of a support group for trauma survivors. I'd also like to speak on behalf of other survivors of FSA who don't feel able to.

I'm here to speak especially to your mandate of inclusion and prevention, because I think that's so important. I've been told I only have three to four minutes. That's barely enough time to scratch the surface, so I've brought handouts—lots and lots of handouts.

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If you only look at two documents in there, I hope you will look at the first two. This is from a site—these are written by two survivors of female-perpetrated sexual abuse, FSA, one male, one female. They really poignantly tell the story because this is an invisible issue and

shouldn't be. By the way, the red folder within is Canadian research: Canadian cases, Canadian articles or references to Canadian researchers.

In 2011, a fellow FSA survivor, another woman, and I crashed the ATSA conference. ATSA is the Association for the Treatment of Sexual Abusers. We attended the poster board sessions and we talked to every researcher on FSA we could find. We took one of them out to dinner.

This was one of the posters that was presented at the poster board session; it's in your handouts. This is a blow-up of part of that, what I think is very important. It says, "According to the BJS"—which is the Bureau of Justice Statistics in the US—"3% of all sex offenders are female." However, "when relying on victim reports it is estimated as many as 63% of sex abusers may be female.... The disparity between these numbers may be accounted for by the nature of female offending and cultural perceptions."

As I said, this is an invisible and silenced topic. This is really difficult, to come out myself. I'm hoping to raise your awareness of this and put it on the agenda.

On the distribution list for this poster was a fairly high-ranking executive in law enforcement in Ontario. I've been waiting since 2011 to see if this information was introduced anywhere into the lexicon and I'm still waiting, which is really typical. No one wants to talk about this.

Ever since I outed myself as a survivor, I've been astounded at the number of personal stories I've heard. This is a huge and invisible problem with such tragic consequences that no one wants to talk about. I won't go into my story here, not in a public forum, but in the articles that I've included, parts of my story are there. I'll just say that the damages are severe to both men and women, and they're compounded—very much compounded—by stigma and disbelief.

On to the topic of prevention: From my position running a support group for trauma survivors, I think it's true that every sex abuser started out as a child who was trained to violence. If we really want to prevent violence at all, particularly sexual violence, we have to treat children. Even if we're only talking about male abusers of women, we have to treat those male abuse victims before they become abusers. The same is true for female.

For myself, I spent my whole life looking for services for FSA, and there are none. When I've attempted, I've been met with ridicule, denial, derision, mocking and disbelief. In order to get services, I've lied about the gender of my abuser or I have picked another incident of harassment. This is common, so the statistics are going to be skewed because you have a number of people who have been abused by women in what appear to be services for victims of men.

The Chair (Ms. Daïene Vernile): Your group has one more minute to go. However, we can extend it by another five minutes if our committee members agree not to ask questions.

Ms. Anne Lee: Okay. I'll speed up. Sorry.

Why am I here with CAFE? They don't discriminate, and they're willing to hear what I have to say and give me a place to speak about it. In my group, we've just kicked off a subgroup for child victims of torture. We have five members who stepped up out of a meeting of 14, two men and three women. In our group we have pretty much every demographic, who sit together and heal together. The abusers of those two men and three women were three mothers, one father, a male and a female relative, a number of male neighbours and two female babysitters. What that says to me is that this isn't about gender. We talk about it as gender; when we do that, we silence three quarters of the victims. We need to get all of those people on the table if we're truly going to prevent violence.

If I could ask anything of you, it would be to please don't discriminate when you're looking at victims and when you're looking at offenders. Try to provide services for everyone. It's very difficult.

Mr. Steve Dolk: Good afternoon, Madam Chair, the committee and everybody who's here from all walks of life. I want to thank every one of you for the opportunity and your patience, as I, myself, and my colleagues, make ourselves publicly vulnerable in briefly describing my own life's experience.

As a young boy I was the victim of repeated physical abuse and assaults by a woman who was my care provider. This would have a tremendous impact on my perception of girls and women, as I would be intimidated by their presence.

As an adult I would marry a woman with whom, for more than 20 years, I would endure domestic violence and harassment. It would only be one week after our honeymoon when this would all begin. For almost 22 years I would be struck by her in a car, stabbed in the chest with a pen, punched repeatedly, scratched, kicked, cursed and sworn at. She would make numerous threats to kill me.

The first attempt I made to reach out was to my church community, and I was told to be a man and take it.

The police would be involved on many occasions but only to look at me, a bigger-built guy—when I put it into perspective, about 10 years ago I was about 276 pounds; I was a substantially larger man—they would flat-out deny that this could possibly be happening to me, even with cuts and blood evident. One officer who responded to an incident returned to my home after interviewing my former spouse, closed the door behind himself, walked up to me and said, "How would you like to pick on someone your own size?" He then further filled out a report that was all one-sided, making me to look like I was an abuser.

In another incident, I went to the police department to report another assault. With my neck bleeding and cuts on my arms and hands, pictures would be taken, along with my video statement. After interviewing my spouse, their decision was not to press charges on the grounds that they were not present when the assault took place. I asked the officer what their actions would have been if

the tables were turned and she had the injuries. He replied to me, "That's easy; we'd arrest you and put you in jail." Pointing out the flaw in the logic, he simply stated, "That's just the way it is."

Recognizing that there is no protection and that no one was willing to believe my situation—especially back then—can even make the strongest of men, or heart, feel weak. I isolated myself and kept it all behind closed doors. I developed anxiety and depression. I would be diagnosed in 2005 with post-traumatic stress disorder. I showed all of the symptoms, and there, for the first time in many years, I broke. I told him everything; he was the first person that I would tell and plead with in years. It made sense to him, and although I would see him for help, I wasn't willing to leave my wife. I still believed that all of this that was happening must somehow be my fault.

I can appreciate that recognition is crucial to identity. This is an absolute. Recognition gives each of us our place in society. It allows us to experience our sense of self-being, our self-actualization. It involves tolerance, respect and a willingness to understand.

Promoting an awareness of the identity of the woman is valuable. Educating others about the obstacles and barriers that pose a threat, diminish or destroy the dignity of identifying oneself as woman is vital, and can be a proactive measure in putting an end to sexual violence and harassment.

Take, for example, the gay community. It was not too long ago that many remained in perpetual hiding. If discovered, they faced violence from both men and women, harassment, ridicule and even imprisonment, but as those who were strong enough to speak up, to let their voices be heard—as more and more came out and boldly stood for their dignity, society began to listen and to accept their reality.

The media, when not used carefully, errs in its ways to show issues like terrorism, which implicitly associates religious communities as a threat. But I have personally witnessed the fervour of certain religious communities proactively involved in peace and social harmony as they stand for their dignity while calling Canada their home.

Violence and harassment is real but it does not discriminate and can make anyone a victim from anyone who is a perpetrator. But when I see a video such as #WhoWillYouHelp, I begin to ask: What about others? What about transgenders or gender-neutral, who are the most vulnerable to sexual violence, violence and harassment, caused by men and women?

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What about domestic violence, sexual violence and harassment within same-sex households?

What about aboriginal women, who have been the most marginalized and vulnerable to assaults and murders, where it is only being recognized and accounted for since 1995 with a recent awareness of over 1,200 aboriginal women murdered or missing?

If I were to posit the woman as my transgressor at the other end of the spectrum of human existence, if I turned

the tables of the differing genders within the video #WhoWillYouHelp and make her my perpetrator, I do nothing more than make the woman my enemy.

I am asking, as a man, as a victim of domestic violence, as a victim of violence at the hands of a woman when I was a child, to consider—may we consider—devising initiatives in a concerted effort rather than creating programs or tools that are more potentially divisive.

Thank you very much.

The Chair (Ms. Daiene Vernile): Mr. Dolk, thank you very much for coming and informing this committee, and to the members of this committee. Thanks again.

DR. JO-ELLEN WORDEN

The Chair (Ms. Daiene Vernile): I would call on our next witness, and that is Jo-Ellen Worden. When you are ready to begin, state your name. I would ask that you lift the microphone up, the one that has the red light in front of it. You have up to 15 minutes to speak to our committee. Thank you.

Dr. Jo-Ellen Worden: Okay. Thank you very much. My name is Dr. Jo-Ellen Worden. I am a researcher doing national security research on law-enforcement-officer-involved domestic violence in the Canadian context.

Ladies and gentlemen of the Select Committee on Sexual Violence and Harassment, honourable ministers, members of the opposition and third party members and other honoured guests and fellow speakers, I thank you for your collective efforts in establishing this committee and conducting much-needed public hearings pursuant to improving the government's response to Ontarians who have experienced sexual violence and harassment.

Before I proceed further, I wish to acknowledge the unyielding support and encouragement from Lisa Webb, Carole Morrison, Karen Knight and Gamila A. of the Ban Righ Centre at Queen's University in my pursuit of what I have come to affectionately entitle Deborah's law.

On January 31, 2007, I provided a deputation before the Standing Committee on Justice Policy of this Legislature. I made recommendations to the committee with regard to Bill 103, the bill introduced into the Ontario Legislature that amended the Ontario Police Services Act pursuant to the inquiries and recommendations outlined in the LeSage report. I have been pleased to see that some of my recommendations were indeed incorporated into a form of the legislation that received royal assent, and for the convenience of the respected members of this committee, I refer the members to the Hansard transcript of my deputation, dated January 31, 2007, of which I can email a copy to Mr. Short.

During that deputation, I cautioned the committee and, by extension, the government of Ontario, that if the government did not take seriously the escalating threat that police-perpetrated domestic violence posed to victims—and I quote from the transcript: “if there is not a legislated acknowledgment of this epidemic, I guarantee

that there will be victims of police-perpetrated domestic violence who have been sentenced to a lifetime of abuse and revictimization by these officers and the existing complaints process.”

For those of you members of the committee on sexual violence and harassment who may be unfamiliar with the term “police-perpetrated domestic violence,” it is a syndrome referred to in a document sent to me by the Ministry of the Attorney General's office in 2006 that describes the domestic violence and sexual violence that occurs at the hands of men and women who have been trained in the tactical manoeuvres of intimidation, interrogation, manipulation, deception, power and control. It is a category of violence that has now been expanded to include not only police officers as violent offenders but also those military personnel who choose to engage in intimate-partner violence. As such, this phenomenon is now referred to as officer-involved domestic violence, or OIDV. When there is a sexual component, it is referred to as officer-involved sexual violence, or OISV.

OIDV and OISV refer to workplace violence, sexual violence and sexual harassment as well as the domestic violence, often sexual in nature, that occurs at the hands of the very officers bound by oath to serve and protect and uphold the law.

In 2008, I hand-delivered a package of evidence and an accompanying request-for-assistance letter to John Tory, now mayor of Toronto, outlining in detail the threat that OIDV and OISV pose to victims.

I cautioned the government of Ontario again in 2008, when I provided a deputation before the Standing Committee on Social Policy about the escalating threat that this type of violence posed to colleagues and family members of violent police and military officers.

I cautioned the federal government as well in 2008, when I petitioned the House of Commons to conduct comprehensive research into law-enforcement- and military-officer-involved domestic and sexual violence in the Canadian context.

I provided written submissions to the Department of Justice in 2013 as well as attended meetings with the head legal counsel of Canada's Department of Justice in the spring of 2014 and the Ministry of the Attorney General's office in 2014.

In each case, I was explicit in outlining the types of violence, which included officer-involved sexual violence and sexual harassment. I've brought with me an exhibit list that I provided to the Standing Committee on Justice Policy, which I'll hand in to Mr. Short before I leave.

I have made seemingly countless phone calls and have written likely over 200 letters to numerous ministries within the government of Ontario and the federal Department of Justice, beseeching involved agencies to please address OI DV and OISV—which again include sexual violence in the Canadian context—in a safe and expeditious manner.

I was pleased to hear of the creation of this committee and hope that this committee will not only address the

sexual violence and harassment that occurs within the broader societal context, but has jurisdiction to tackle the issue of sexual violence and harassment that occurs within Ontario's law enforcement entities.

Since providing my first recommendations to the Standing Committee on Justice Policy in 2007, no less than four female RCMP officers have made public their experience of sexual violence and sexual harassment involving their RCMP colleagues. Additionally, I understand that the chief of the Belleville police department came forward after experiencing years of violence at the hands of her police officer husband.

Further, in 2009, the Marian Evans verdict came down, in which Honourable Justice S.J. Chapnik of the Ontario Superior Court of Justice, in *Evans v. Sproule*, made it explicitly clear that the Toronto Police Services Board was vicariously liable for the sexual misconduct of its member, who was the assailant in that case.

I ask this committee rhetorically why, then, did three male members of the Toronto Police Service, albeit allegedly at this point, believe it was even remotely appropriate to gang-rape a colleague member of the Toronto Police Service?

In order to combat the ever-increasing occurrences of police sexual violence perpetrated against fellow force members and family members, it is imperative for legislatures and policy-makers to understand that corruption and sexual violence within Canadian law enforcement entities is not an individual aberration of an incidental nature that can be readily combatted with the momentary embarrassment that comes from media disclosure or the temporary slap-on-the-wrist, suspended-with-pay measures of the most recent gang rape allegations involving three members of the Toronto Police Service, or even quasi-judicial investigations like the LeSage inquiry and the resultant opening of the Office of the Independent Police Review Director—which, by the way, has no accessible mechanism to address sexual violence and harassment that occurs within the law enforcement community and within law enforcement families.

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Rather, the sexual violence and sexual harassment that occurs within Canadian law enforcement entities needs to be understood as an intentionally cultivated form of deviant police behaviour that is deeply embedded and accepted within police culture, practices, norms and traditions. I have references to that effect if you folks need them.

Sexual violence within police and military organizations happens because it is tolerated, it is encouraged and it is usually covered up. The concealment of sexual violence—

Interruption.

Dr. Jo-Ellen Worden: Sorry; excuse me.

The concealment of sexual violence within police and military agencies can take the form of threatening the victim officer's continuing safety or threatening their job if the victim member discloses.

This committee's mandate includes the consideration of ways to shift social norms and other barriers which

prevent people who have experienced sexual violence and harassment from coming forward. Many victims of sexual violence and sexual harassment at the hands of police and military officer colleagues or family members have tried to come forward. Their disclosures have fallen on furious ears. They're ignored, humiliated and ridiculed that their timing is suspect. They are thrown into metal boxes with loudspeakers that scream the musical lyrics of—please excuse my language—"You're a crazy bitch. You're a crazy bitch." Some police sexual assault survivors are threatened with being gang raped again, and their reputations are intentionally denigrated. Some have their children abducted and forcibly confined.

What is particularly dangerous for colleague officers is that they become persona non grata within the involved police service and abandoned by fellow officers in the field, or active attempts are made to indoctrinate them in order that they believe that the incident never happened or that they're making a big deal about nothing.

Police sexual assault victims who are family members are threatened: "Do you really want to poke that bear?" or "No one will believe you."

I can affirm before this committee that there is no question in my mind that involved police agencies believe victims are being truthful upon disclosure. At times, compassionate and understanding fellow officers will sit in the living rooms of victims and sob along with them, saying, "I am so sorry that this has happened to you," but at the same time be paralyzed with fear for their own lives and safety were they to effect an arrest of the assailant officer.

At other times, sexual assault victims of OIDV and OISV are advised by the executive director of the Ontario Victim Services Secretariat that their matter is unfortunate but will fall through the cracks of the justice system, which is simply not equipped to deal with OIDV and OISV. Honourable members of this committee, I am of the view that OIDV and OISV victims are not falling through the cracks of an ill-equipped justice system, but rather those victims are actively shoved through the cracks of a system that, since the Marian Evans verdict, is more concerned about civil liability than the fact that police officers are sexually assaulting their colleagues and their family members.

It should be noted that police sexual misconduct and subsequent cover-ups are persistent and constantly recurring hazards internally generated by police organizations and even facilitated by inadequate justice and oversight bodies that become complicit in such recurrent, socially constructed safety sector failures.

The Chair (Ms. Daiene Vernile): You have one minute left.

Dr. Jo-Ellen Worden: Thanks.

In respect of attempting to eradicate sexual violence and harassment within law enforcement communities, it needs to be stressed that the OIPRD is not an effective mechanism. The OIPRD is not available to police service members who have been sexually assaulted or harassed by colleague officers. Further, when the alleged sex

offender is a police officer who has sexually assaulted an intimate partner, or, worse, their own child, it is a conflict of interest to refer the matter back to the involved police service, which is what the OIPRD does during their first step.

In no other societal context is an alleged sex offender provided with disclosure of the complaint and accompanying evidence against them in advance of an arrest. Not so when the assailant is a police officer in the province of Ontario.

The OIPRD cannot guarantee that a victim's disclosure and evidence to this oversight body will not be provided to the assailant officer in advance of laying charges. Not only is—

The Chair (Ms. Daiene Vernile): Thank you, Ms. Worden. We're going to take some questions now from our government members—rather, from our third party.

Do you have any questions you would like to ask Ms. Worden?

Ms. Peggy Sattler: Yes. Thank you very much for your incredible advocacy over the years. You've really taken this on and really have pushed for changes, so thank you for that.

The question I wanted to ask: Sexual harassment in the RCMP was a huge story. It caught everybody's attention—the women officers' experiences. I wondered: Through your research, have you heard of efforts that are under way to try to change that culture within that police force?

Dr. Jo-Ellen Worden: Within that particular police force?

Ms. Peggy Sattler: Or just generally. That shone a light on the issue.

Dr. Jo-Ellen Worden: Yes, it did, as did the chief of the Belleville police department's brave disclosures as well as the young lady in January, I believe it was, of this year.

I just finished a comprehensive systematic review of the literature involving law enforcement, officer-involved domestic violence, which includes colleague officers. There has been no comprehensive Canadian study that addresses this issue. There's nothing in the literature. There is one study that has been commenced through a university in western Ontario—not the University of Western Ontario—where they're finally looking at the systemic responses to law-enforcement-officer-involved domestic violence in the province of Ontario. That study is not yet complete, so to answer your question, no, there's nothing.

The Chair (Ms. Daiene Vernile): Thank you very much. Questions from our government side?

Mrs. Marie-France Lalonde: First of all, I want to say thank you for being here. The advocacy that you're displaying or telling us about is very passionate, so I'm happy to hear you today.

As we are looking into the issues of sexual violence and harassment, you're bringing a perspective that we might not have fully contemplated. Having said that, there is still a systemic situation where women, regard-

less of the environment they're working or living through, do not report here in Ontario, in Canada or around the world, as we heard.

I'm going to ask you: What are the extra challenges when investigating or living through police-perpetrated domestic violence?

Dr. Jo-Ellen Worden: Oh, wow. That will take another deputation. I can finish.

First of all, we can't go to police—they can't; we can't. We can't go to police because the assailant is a police officer, and the wagons tend to circle. So number one, although we're believed or victims are believed, police officers are of the view that we or the victims would be hard-pressed to find a fellow officer that's willing to lay charges against one of their colleagues. So that's number one.

Oftentimes, victims can't go to shelters because the police know where the shelters are. There's a victim relocation process and a victim witness assistance program. I was advised by a member of the Attorney General's office that victims of OISV are not really eligible for that program unless they're willing to cut off all contact with family members, unless they're willing to relinquish their children, or unless they're willing to provide disclosure to, in one case, a police service that had a conflict of interest. So they're denied access to services and supports that may be available to other folks.

1700

The Chair (Ms. Daiene Vernile): Thank you. A quick question now from our PC side.

Mr. Randy Hillier: Thank you very much. I just have one quick question. You mentioned disclosure of evidence to the assailant at the time of allegations, and it surprises me that—

Dr. Jo-Ellen Worden: That is correct.

Mr. Randy Hillier: So maybe if you could just explain that a little bit more. If somebody has an allegation of abuse, and they take that to the police, you're saying that that information is then provided to the—

Dr. Jo-Ellen Worden: Alleged assailant.

Mr. Randy Hillier: —the alleged assailant?

Dr. Jo-Ellen Worden: Yes. It's where the disclosure—that occurs when someone comes forward alleging OISV or OISV. If they come forward to the police, that information is provided off the record, under the table.

What I was referring to specifically was, when an individual cannot get assistance from police, they are able to file a complaint with the OIPRD, which is the Office of the Independent Police Review Director.

First of all, if the victim is a police officer, they can't go to the OIPRD, so that avenue is not available to them. If they do provide disclosure and evidence to the OIPRD, part of step one in filing a complaint is that you are advised that the information and evidence is sent to the chief of the involved service and the assailant officer. They cannot—

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Worden. I appreciate your coming here today

and speaking to this committee and informing us of your views. Thank you very much.

Dr. Jo-Ellen Worden: May I have consent to email Jocelyn, I think it was, the rest of the deputation, just so you folks have it? Is that okay?

The Chair (Ms. Daiene Vernile): Absolutely. Thanks again.

Dr. Jo-Ellen Worden: Thank you for your time.

The Chair (Ms. Daiene Vernile): To our committee members: I have some new information to pass on to you. Our next witnesses, which are—

Interjection.

The Chair (Ms. Daiene Vernile): Following Boost Child Abuse Prevention and Intervention, looking at 5:20, we have some people who have arrived from Hamilton who have asked to speak to us in camera, to speak to us privately. So I am asking you, at 5:20, with your approval, if we are able to clear the room in order to accommodate the two individuals who wish to speak to us in private. Do I have agreement on that? Agreed. Thank you.

BOOST CHILD ABUSE PREVENTION AND INTERVENTION

The Chair (Ms. Daiene Vernile): All right. I would invite Boost Child Abuse Prevention and Intervention to come forward. Please state your name, and you have up to 15 minutes to address the committee. Thank you.

Ms. Karyn Kennedy: Thank you. My name is Karyn Kennedy, and I'm the executive director of Boost Child Abuse Prevention and Intervention and the Boost Child and Youth Advocacy Centre in Toronto. Good afternoon, Madam Chair and committee members. I'd like to thank you for this opportunity to speak before you today.

I have more than 30 years' experience working with child and youth victims of sexual abuse, and their families. I have worked with hundreds of children and youth, supporting them at the time of their initial disclosure, providing therapy and offering assistance through the criminal justice system. I have seen first-hand the pain and the suffering, as well as the courage, the strength and the resilience that these individuals possess.

Boost is committed to eliminating abuse and violence in the lives of children and youth. The centre is a registered charity and has provided programs and services to children, youth and their families, as well as to professionals in the community, for the past 34 years.

Boost believes that all children and youth have a right to grow up in a safe, healthy and nurturing environment, and is dedicated to the prevention of child abuse and violence through education and awareness and through collaborating with our community partners to provide services.

Boost currently has a staff of 26 full-time and five part-time employees and provides programs to more than 3,000 children, youth and adults every year.

In October 2013, Boost opened Toronto's first child and youth advocacy centre, the CYAC. The CYAC is an

innovative community response to child physical and sexual abuse investigations. It's a partnership between community and government agencies, and it brings together in one location all professionals involved in child abuse cases.

The CYAC is child-friendly, accessible and safe for children, youth and their families. The goal of the CYAC is to ensure that children and youth who are victims of abuse receive the very best child-focused investigation, treatment, support services and advocacy under one roof.

Since its opening just about a year and a half ago now, the CYAC has conducted more than 1,500 investigations of child abuse in Toronto, approximately half of them sexual abuse or assault.

The CYAC is a centre of excellence, providing a leading-edge response that is setting the benchmark for child abuse investigations and interventions. By drawing upon interdisciplinary expertise and ongoing collaboration with the Child Welfare Institute, the CYAC is conducting innovative research that will allow for the evaluation and implementation of best practice standards and evidence-based multidisciplinary practices, programs and services.

The CYAC is a model for the province, providing multidisciplinary training and consultation to similar centres in Ontario and across the country. The CYAC in Toronto houses 18 Toronto police officers, 20 child protection workers, a team of five advocates, a nurse practitioner and five mental health workers who collaborate to provide investigation, treatment and support in a child-friendly location.

I'd like to take a few minutes now to talk specifically about the sexual victimization of children and youth, and to share some relevant statistics on children and youth and sexual violence. Children and youth are five times more likely than adults to become victims of sexual offences. Almost 60% of all victims of police-reported sexual assault are children under the age of 18. The 2004 General Social Survey on Victimization found that eight in 10 youth between the ages of 15 to 17 who had been victimized did not report to police. The rate of sexual assault amongst children and youth is 1.5 times higher than that of 18- to 24-year-olds.

Girls continue to be victimized more frequently than boys, and among children under 18, girls are at the greatest risk of sexual assault—almost five times more likely to be sexually assaulted than boys. The majority—over 80%—of child and youth victims of sexual offences are female. Across all ages, females are the victims of sexual offences at a higher rate than males. The rate for girls peaks at 14 years old and the rate for boys peaks at eight years old. Males are the accused in 97% of sexual offences that are reported.

We can't ignore these shocking statistics, and we must take further action to prevent the sexual violence and harassment of girls and women, particularly when it affects children and youth. In order to effectively address these issues, a plan that includes both a comprehensive prevention and intervention strategy is required and

needs to begin with primary prevention education for adults, youth and children.

Historically, the focus of sexual violence and harassment prevention efforts has been on educating victims to protect themselves from violence and aggression. We don't put enough resources into the primary prevention of violence. Intensive primary prevention programming addresses violence and relational aggression by providing children and youth with skills to build healthy, mutually rewarding relationships and reduce victimization.

Boost has delivered primary prevention programs in Toronto schools for many years and has trained teachers and social workers in several boards across the province to deliver our programs. Boost's I'm a Great Kid! programs build skills in children that make them less vulnerable to abuse and violence. Our evidence-based primary prevention programs introduce children to basic concepts: self-esteem, communication, making good choices, respect for self and others, touch, and how and where to get help. These skills assist them to develop and strengthen healthy relationships and acquire skills and attributes that lessen their vulnerability to abuse and bullying, as well as their likelihood of becoming abusive. The programs are taught to children beginning in grade 2 in the classroom over a six-week period to allow time for children to practise the skills so that they're reinforced and easily recalled.

David Finkelhor, a world-renowned expert in child sexual abuse, references a study by Gibson and Leitenberg that was based on a survey of 825 college students that concluded that adult women who had not participated in a school prevention program during childhood were about twice as likely to have experienced sexual abuse as those who had participated in a program.

The province of Ontario has already recognized the importance of sexual health and relationship education in the new elementary curriculum. Boost's school-based primary prevention programs complement and expand on this work. Additionally, our newly developed program for grades 7 and 8 addresses healthy relationships from both sides of the spectrum, with the goal of preventing victimization as well as aggression and violence.

There's a great deal of work that needs to be done to provide accurate information, change attitudes and correct myths related to the sexual victimization of girls and young women. Schools across Ontario provide an ideal opportunity to educate all children and youth and to teach them skills to prevent violence.

1710

Boost is also actively involved in raising public awareness and frequently provides workshops and training in the community and across the province to professionals, as well as community members, including parents and young adults.

While prevention and education must be the cornerstone of any plan to prevent sexual violence, there also needs to be easily accessible and timely interventions for victims of sexual violence.

The child and youth advocacy centre model provides a comprehensive, coordinated, seamless response to chil-

dren and youth who have been sexually abused or assaulted. The CYAC is a multidisciplinary service where a team of highly-skilled and trained law enforcement, criminal justice, child protection, medical, mental health, and advocates coordinate and collaborate on child abuse cases. It integrates a continuum of services from one central hub that includes investigation, protection, victim support and advocacy, medical and mental health assessment and treatment, and follow-up care in a sensitive and supportive environment.

The overall goal is to effectively coordinate the system's response so that children and youth who are victimized by abuse or violence can receive services in one location and not endure further trauma or revictimization.

In addition to the investigative, medical and mental health services that are offered, an innovative advocacy program was designed and developed that provides ongoing support to children, youth and families throughout the process, beginning with the investigation and through to the end of the criminal justice system. An advocate is assigned to the child or youth as soon as they enter the CYAC, and this person serves as a shepherd to support and guide them throughout their experience in the system, making referrals, providing crisis support, accessing information, and building bridges.

I'd like to share an example of how the child and youth advocacy centre made a difference in the life of one young girl who was the victim of a sexual assault. This girl was 15 when she was violently sexually assaulted by her stepfather. Immediately following the assault, the stepfather left the house and the girl called her mother to tell her what had happened. This in itself was somewhat unusual, as many children and youth do not tell right away when an abuse or assault occurs. The girl's mother left work and went home to her daughter. Upon arriving home, she found her daughter distraught and called the police.

The call was transferred to the child and youth advocacy centre, where a detective received, the information, consulted with a child protection supervisor and an investigative team, consisting of a police officer and child protection worker, was assigned. The team was then expanded to include an advocate and a nurse practitioner.

The mother was contacted immediately and asked to come in to the CYAC with her daughter, where they were met by the advocate, who explained what would happen while they were there, gave them a brief tour and then took them into a quiet, comfortable room, where she introduced them to the investigative team.

Interviews were conducted separately with both the girl and her mother and were digitally recorded. The advocate remained with them while the interviews were taking place to support whoever was not being interviewed at the time.

Following the interviews, the team met briefly, determined that a medical exam was required and the police made a plan to go to the home to collect evidence and then to arrest the stepfather.

The nurse practitioner was introduced to the family, and it was explained that the medical examination could happen at the CYAC. The girl was seen by the nurse practitioner, and the advocate remained with the mother to provide support.

Given that the home was a crime scene, the advocate helped make arrangements for the girl and her mother to stay elsewhere. It took several days for police to locate and arrest the offender. During that time, the advocate stayed in close touch and served as liaison to share information with the family and team members.

The Chair (Ms. Daiene Vernile): Ms. Kennedy, you have one minute.

Ms. Karyn Kennedy: The advocate arranged for both the mom and the girl to each see a mental health worker for crisis intervention.

Once the offender was arrested and it was determined that it was safe for the family to return home, the advocate was able to work with victim services to have a cleaning crew go to the home, remove traces of the crime and put the bedroom back together with new linens and bedding.

Once the crisis settled, both the girl and mom received ongoing mental health services and were referred for court preparation. The advocate has remained involved as a support and will do so for as long as the family requires, and the team will continue to be available for any further planning.

The family commented on the high level of compassion and professionalism they experienced from each and every professional they encountered at the CYAC. They felt that walking through the front doors into an unmarked building was beneficial for the youth, as she did not feel labelled. They commented on how important and beneficial it was for her to be greeted and moved directly into a quiet and safe area. They were especially amazed that the nurse practitioner from SickKids came to the girl for examination and she didn't have to go to the hospital.

The Chair (Ms. Daiene Vernile): Could you conclude, please? Thank you.

Ms. Karyn Kennedy: In closing, I would like to urge the committee and the provincial government to look to models, such as the one I've described, that combine both prevention and intervention to create a comprehensive, coordinated response to victims of sexual abuse and assault. Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Kennedy. We are going to have some questions for you now by our government members. Yes, MPP Dong.

Mr. Han Dong: Ms. Kennedy, thank you very much for the presentation. As a committee member, and also a parent to a pair of young children, I applaud you for your work and thank you for standing up for the most vulnerable. In particular to your evidence-based primary prevention programs, I think this sounds very innovative.

Our recent introduction of the sexual education curriculum has faced some challenges—resistance or criti-

cism, whatever you call them. What's in your mind? What's your response to the new proposed sex education curriculum for our schools? What's your response to that?

Ms. Karyn Kennedy: We applaud the new sexual health curriculum. It has been something that we've been advocating for, for a long time. We think that it's age-appropriate, the material being taught to children when it is. It certainly helps our work because it gives children language to be able to describe what's happening to them.

Mr. Han Dong: That's very important. Thank you.

The Chair (Ms. Daiene Vernile): Thank you. From our PC side.

Ms. Sylvia Jones: Thanks for your presentation. I'm actually familiar a little bit with Boost. I'm really impressed with the interdisciplinary model that you have taken on. I apologize if I missed it, but who are you funded by?

Ms. Karyn Kennedy: That's a good question. We're funded by all three levels of government: a number of different provincial ministries—the Ministry of Children and Youth Services, as well as the Attorney General—and we do receive some funding from the federal government and from the city of Toronto.

Ms. Sylvia Jones: Good for you.

Ms. Karyn Kennedy: Thank you.

Ms. Sylvia Jones: My question relates to—you have three offices. You said that most recently, the Toronto one opened, in 2013. Similar models in Peterborough and Barrie?

Ms. Karyn Kennedy: No, unfortunately, not yet. The Peterborough and Barrie models just provide child victim witness support for children who are required to testify in court.

Ms. Sylvia Jones: Can I keep going?

The Chair (Ms. Daiene Vernile): Thank you. And from our third party?

Ms. Sylvia Jones: Is it a pilot project?

Ms. Karyn Kennedy: In Peterborough and Barrie?

Ms. Sylvia Jones: In Toronto.

Ms. Karyn Kennedy: In Toronto? No. We're working on expanding across the whole city. Right now, we're just in part of the city, but it's here to stay.

Ms. Peggy Sattler: Before you created this multidisciplinary team that involves education, health care, justice etc.—was that based on evidence from other jurisdictions? What brought the team together in the first place?

Ms. Karyn Kennedy: Yes, I'm so glad you asked that. There are actually 900 child advocacy centres across the United States. Up until five years ago, there were two in Canada, one in Niagara Falls and one in Edmonton. Funding was provided through the federal government on a short-term basis. Now there are over 25 centres across Canada. Six of them are in Ontario, and there are more that are developing.

There are best-practice guidelines that we've developed for Ontario that are now being adapted to use

across the country. Ontario has really been a leader in the development of this model for other provinces and territories across Canada. It's really the way of the future, I think.

The Chair (Ms. Daiene Vernile): Ms. Kennedy, I want to thank you very much for coming and informing this committee of your important work. Thank you.

Ms. Karyn Kennedy: Thank you.

The Chair (Ms. Daiene Vernile): I would now ask all of the members in our committee room now if they could clear out and return in 20 minutes. We are about to conduct some private hearings now. Thank you.

The committee continued in closed session from 1719 to 1746.

The Chair (Ms. Daiene Vernile): Thank you for your patience, everyone. We are now back into our public session.

CANADIAN ASSOCIATION FOR EQUALITY

The Chair (Ms. Daiene Vernile): Our final presenters today are the Canadian Association for Equality. You have up to 15 minutes to address our committee. You can go right ahead.

Mr. Justin Trottier: Thank you very much to the committee for allowing us to present today. I should say that some of those who presented at the 4:40 time slot or just before are also here if you still had questions for them.

I wanted to start by saying how much we're heartened by this committee's mandate to advance our understanding of violence in ways which break old stereotypes and do away with dangerous myths. We actually—

The Chair (Ms. Daiene Vernile): I'm sorry to interrupt. Can you please state for the record your name?

Mr. Justin Trottier: Yes, it's Justin Trottier.

The Chair (Ms. Daiene Vernile): Thank you.

Mr. Justin Trottier: No problem.

We have a video that we wanted to share with you which we think helps in that effort of shattering stereotypes. I do want to warn you that it may be triggering. It's a comedian. The video is called *Why Rape Is Sincerely Hilarious*.

Robert?

Interjection.

Mr. Justin Trottier: While we're trying to figure that out, let me continue. I wanted to state at the outset that we support all the major objectives of this committee, which seeks to include diverse voices and which seeks to find ways to break social norms and other barriers preventing people who have experienced sexual violence and harassment from coming forward and getting help.

I think one major barrier—which we'll see in the video if we get it working—relates to stereotypes which may prevent us from sometimes seeing all victims. Reflecting the makeup of Ontarians, violence spans all ethnicities, ages and socio-economic status, but we're

here to tell you that it also spans all genders and sexual orientations.

According to many government studies and peer-reviewed publications included in your handout, and from the personal stories you've heard today, one in six boys and men have been sexually abused or assaulted. That's almost one million Ontario men. I encourage you to visit the site 1in6.ca for some of the sources on that.

There's also the federal government's own Badgley commission, which in 1984 discovered that 31% of males had been sexually abused; 7% had been abused multiple times.

Sexual assault can and really does happen to anyone, and it's never okay—not when the victims are women; not when the victims are men. I'm very glad that this committee is considering all victims, which breaks the stereotype: male victims, female victims of female-perpetrated violence, and victims of violence in same-sex relationships.

We were, I should say, disappointed to receive correspondence from Premier Wynne, in which the Premier justified her neglect of these innocent victims by stating that “99% of sexual violence or sexual assault is committed by men, male-on-female.” We were never given a source for that rather extreme piece of data, which is wildly inconsistent with all the evidence on the subject, but it is being used to sideline over one million victims of both genders and sexual orientations.

This committee is tasked with representing all Ontarians. It is your mandate to protect the safety of all. That can only be done through evidence-based, rather than ideology-fuelled, public policies. That's why I'm so thankful to those brave men and women who presented earlier this afternoon and are here behind me today. These are survivors who are not supposed to exist.

Yes, of course, the story of violence against women needs to be told and it needs to be tackled head-on, but I'd like to share with you some additional stories which also need to be heard, starting with the story represented in this video. Again, I warn you: It may be triggering.

Robert?

Video presentation.

Mr. Justin Trottier: Thank you.

We're going to share a few other stories, which are also shocking. There's the case, for example, of a Barrie, Ontario mom named Elaine Campione. Elaine complained to police that her husband, the father of her children, was violent. As a result of the subsequent arrest of the dad, the girls were left in their mother's care without the protection of their falsely accused father. Elaine Campione subsequently murdered her two girls. She was convicted in 2010.

At trial, Campione freely acknowledged that she killed her children to prevent them from having contact with their father. Chillingly, the judge in the case condemned this innocent father, who had just lost his two children, for causing the death of his girls by mistreating his wife. Some myths, it seems, die hard.

Then we have the outrageous Penn State sexual abuse scandal, where boys were groomed, along with their

parents, to have complete trust in a serial pedophile. We have a multitude of religious institutions involving sex abuse cases, largely against boys, which have been well documented.

We have in this province a long history of government programs, like the residential schools program, which have left children—both girls and boys—in highly vulnerable positions, where they were abused and taken advantage of by predators. In juvenile correctional facilities such as those run in this province, women have power over boys. The current juvenile residential jail system is a place where young boys are routinely sexually assaulted by both male and female supervisors. I would point to a 2012 US Department of Justice study which found that a full 10% of boys in juvenile facilities had experienced sexual assault.

We agree that sexual violence is not about sex, nor about violence per se. It is about power, and in individual situations either a man or a woman can be in a position of power over another. Power and control in various kinds of relationships are relationship issues; they're not reducible to a gender binary. They are more complicated than a simple cleavage along gender lines. When women are in positions of power and authority, such as in those juvenile facilities, and increasingly in the workforce, we see that women are no different than men, and some small percentage will use that power in unethical ways.

As we've said, we agree with the committee's efforts to shift social norms and break barriers that prevent victims from getting help. But when we ignore victims because they fail to conform to our preconceived beliefs of what a victim is supposed to look like, we instead consolidate social norms. We leave victims stigmatized. We leave children in danger. Discounting male victimization because the perpetrator is sometimes of the same gender amounts to victim-blaming.

The initiative here is, #WhoWillYouHelp? The answer must be, "Every innocent victim," so here are some suggestions which we believe will expand protection, reveal all victims and take away nothing from the committee's important work to also strengthen support for female victims:

(1) When research is undertaken to study sexual assault and harassment and domestic violence, do not make assumptions going in as to what you expect to find. When a study begins by eliminating an entire group from consideration, there's not much we can draw from that study's conclusions if they show that there are no male or LGBT victims of violence.

(2) When we break assumptions, we can help boys. Take ChildLine, for example, a UK distress centre. They instituted a proactive program to encourage boys to report sexual abuse, and the rates of boys versus girls reporting skyrocketed. ChildLine's executive director said that "by listening to the direct and authentic voices of abused children," we "shattered common myths about sexual abuse." It does happen to boys.

(3) We must change police reporting procedures. The committee's mandate is to streamline support for all

victims of violence. We agree with that. We have a recommendation that may assist. Because the current guidelines require police to engage in sexist discrimination, I refer you to the Handbook for Police Responding to Domestic Violence, which requires Canadian police to apply a gender lens, which is really just gender profiling. Police are encouraged not to treat female perpetrators as real perpetrators. We believe that children are best served by being protected from either violent parent.

We have men who have contacted our men's health facility, bruised and bleeding. They are still removed from their houses, arrested and thrown in jail as though they are the guilty party. So we recommend that police arrest any individual where evidence shows that person to have been guilty of a crime.

(4) Let's follow the precedent that has been set by more progressive jurisdictions in places like the US, Australia and Europe, behind which Ontario is lagging. There are places which have done what we're encouraging the committee to do, and they have broken down barriers impeding innocent victims from getting help. California, for example, has actually set up domestic violence shelters specifically for men.

The Chair (Ms. Daiene Vernile): Mr. Trottier, you have one minute left.

Mr. Justin Trottier: (5) Ontario hospitals currently ask female patients entering emergency rooms whether they have been victims of sexual assault. We would like to see that extended to all those entering the emergency rooms.

Lastly and most challengingly, we must all work together to change cultural attitudes. We still make male victims the subjects of mockery and humiliation for not living up to the strong stereotype of what a man is supposed to be. We impose institutional sexism through our justice system, and we fail to provide social support and shelters as a last resort.

Education is where it begins, so we fully support changes to our curriculum around consent and violence. But let's not inadvertently reinforce stereotypes by treating men as only perpetrators. People are much more complicated than that, and this requires evidence-based public policies and a commitment to the principles by which this committee is bound: to support all victims, regardless of shape or size; to break all stigmas that impede people from getting the help they need; and to do away with all myths and all ideology that distract us from doing what is right.

The Chair (Ms. Daiene Vernile): Thank you very much—

Mr. Justin Trottier: By my reckoning, we still have five minutes, and I was going to have my colleague Brad, here, from an allied organization use that time to provide some of his comments.

The Chair (Ms. Daiene Vernile): We will certainly take your comments, and we will reduce our questions. Go right ahead, sir.

Mr. Brad Hutchinson: Thank you, Madam Chair and committee members. My name is Brad Hutchinson. I'm from the Gatehouse in Toronto.

In 1997, Arthur Lockhart, founder of the Gatehouse, filled a room at Humber College with people with his vision. He started off by saying, "I want to create and rebuild a dilapidated, broken-down house on the south-east corner of Kipling and Lakeshore and have a space for child welfare workers and police officers to investigate children who have been survivors of childhood sexual abuse, so that the investigation doesn't re-traumatize the child." The crowd cheered.

He said, "Next, I want to have a space for adult women survivors of childhood sexual abuse and run programs so that they can find their voice and become healthy and strong again and tell their stories."

The questions around that revolved around, "Aren't there other places for women? And why do you want to do this in this house? Don't other places have these programs?" He said, "Not like this one."

His third vision was for adult males surviving childhood sexual abuse to be in the house. The crowd went silent. Then the hostility began: "You can't do that. You can't put men in the same house with women and children. Men are perpetrators." He said, "That's what I want to do."

They pulled their funding. Some people in that audience pulled their funding. They said, "You're not doing this." He said, "Thank you for sharing," and he moved on. His tires were slashed, but he continued on.

On June 20, 1998, the Gatehouse opened. Since then, thousands upon thousands of children, youth, men and women have been supported and have transformed their lives because of the peer-to-peer support program that the Gatehouse provides.

In your work that you're doing—thank you very much for doing what you're doing. This is very difficult work to do. You guys are stepping into it, and it's really, really good that you're doing it. It's difficult and it's important. So I want to thank you from the Gatehouse, from all the survivors, from all of the people who will be helped by your efforts as you continue this work.

1800

I would also like to encourage you to make sure you take self-care. The stories that you will hear may be disturbing and hard for you to do—you have to deal with your self-care and work on your self-care while you're doing this work. Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you kindly. Our first questions are from the NDP.

Mr. Taras Natyshak: Thank you for your presentation. Just one thing that jumped out at me was the statement that through the—you referenced the Handbook for Police Responding to Domestic Violence. I see that it was an initiative through the RCMP. You referenced that police were trained not to treat female perpetrators as perpetrators. Could you just elaborate on that? It just doesn't sound—

Mr. Justin Trottier: Yes. The justification for that is that the police don't want to remove a child from a mother. They don't want to separate a mother from a child. Even if you have a woman who is a violent, abus-

ive woman to her husband, she may still be a good parent. She may still be a strong, loving parent. So it is better to leave the child with this mother—this dangerous, violent individual—than to separate her from her mother. It's specifically the mother and the child that's referred to. There's no mention of the father-child bond.

Again, our position is: If there's a violent criminal act taking place, then it's important to protect a child from that situation. Maybe my colleagues want to speak to that as well. I can refer you to the document. It is on our website.

Mr. Taras Natyshak: I've got it right here. I'm going to read through it.

Mr. Justin Trottier: Okay. Page 8.

Mr. Taras Natyshak: Page 8.

The Chair (Ms. Daiene Vernile): Thank you very much. A question from MPP McGarry.

Mrs. Kathryn McGarry: Thank you very much. Just so you're aware, this committee's mandate is to hear from a large variety of perspectives, including men. So this committee has not been mandated to look at one thing or another.

I do want to reassure you, too, that there's a lot of work going on in other ministries right now regarding sexual abuse of children and aboriginal women. There is an increased awareness of PTSD, and work is going on there as well. We've learned to look at a variety of perspectives, including all members of society.

For the purposes of this particular committee, I just wanted also to say that this government does fund the Support Services for Male Survivors of Sexual Abuse Program, and it provides specialized services regarding counselling, peer support and referrals to other appropriate community support services.

My question to you, in the one minute that we have, is: How can we, as a society, change behaviour to put a stop to sexual violence and harassment to all Ontarians?

Mr. Justin Trottier: Brad, do you want to take it?

Mr. Brad Hutchinson: Just by doing what you're doing here. The only way that sexual violence and harassment stays active is through silence, especially with children. Giving children, through the government mandate to get into the schools and the report—giving children language, as you heard from Boost earlier, giving children the tools, the language, the knowledge, is really, really important, and understanding healthy boundaries, building healthy relationships. This needs to be taught in school. This awareness needs to grow. So it's breaking the silence. It's really important.

Mrs. Kathryn McGarry: So you're very supportive of the sex ed curriculum.

Mr. Brad Hutchinson: Yes.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final comment from our PC members.

Ms. Laurie Scott: Thank you for appearing here today. You certainly brought forward subjects that I didn't realize that were—especially in education related to police and related to, in your eyes, discrimination. So certainly I think we all appreciate that side being brought

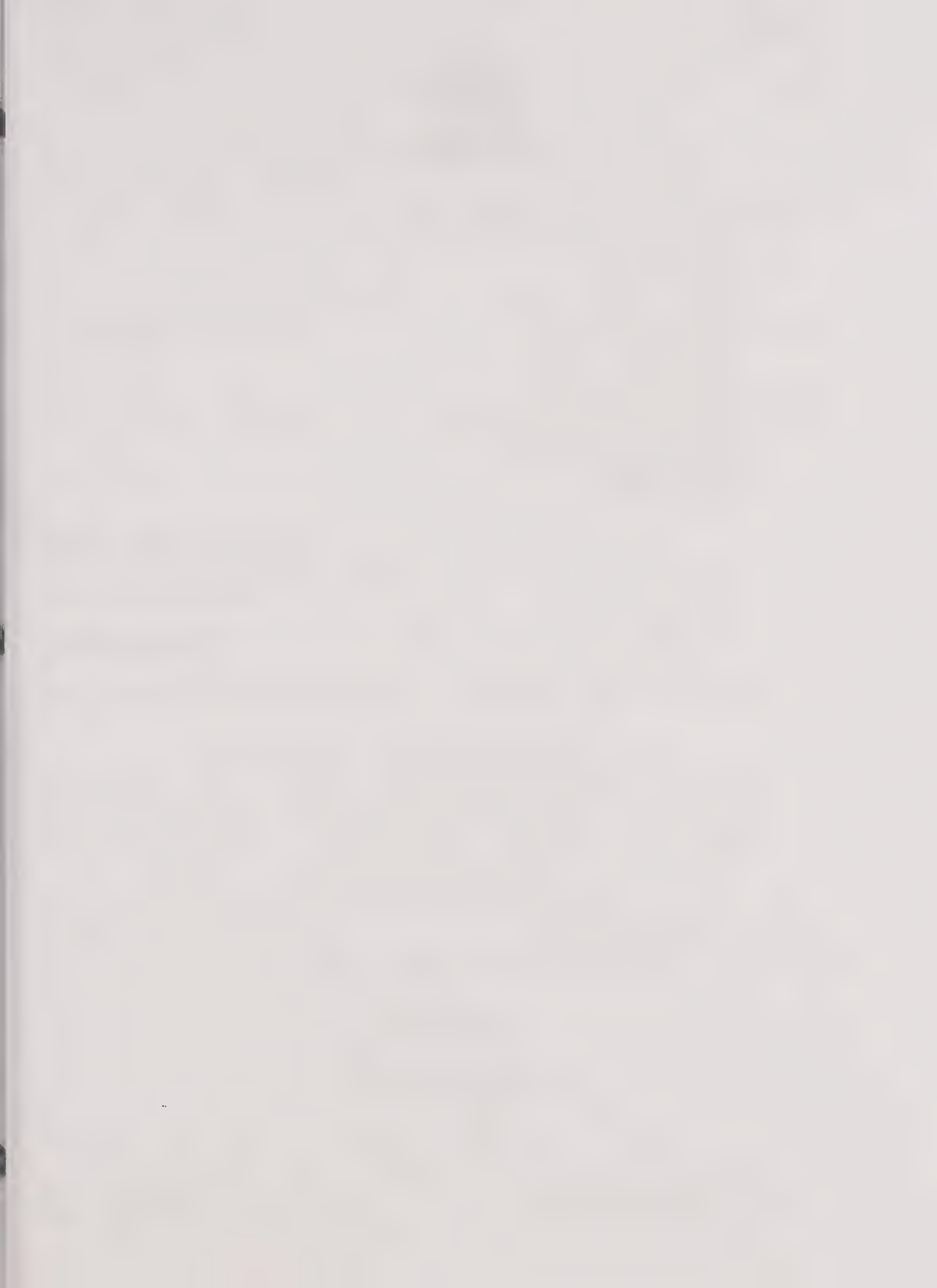
forward, and will look further into the education, especially of the police forces. I think that you made some very interesting points that need to be highlighted.

I don't really have any specific questions. Both the presentations today were very good. Thank you.

Mr. Justin Trottier: Thank you very much. Thank you to all of you.

The Chair (Ms. Daiene Vernile): Thank you to all of our presenters, to all of our visitors in our committee room and to our committee members. We will be meeting again, the Select Committee on Sexual Violence and Harassment, on Wednesday, April 8. We will see you then. Thank you.

The committee adjourned at 1805.



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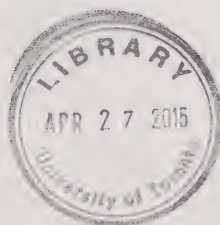
Mercredi 8 avril 2015

Select Committee on Sexual Violence and Harassment

Strategy on sexual violence
and harassment

Comité spécial de la violence et du harcèlement à caractère sexuel

Stratégie de lutte contre
la violence et le harcèlement
à caractère sexuel



Chair: Daiene Vernile
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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

COMITÉ SPÉCIAL DE LA VIOLENCE ET DU HARCÈLEMENT À CARACTÈRE SEXUEL

Wednesday 8 April 2015

Mercredi 8 avril 2015

The committee met at 0900 in the Radisson Hotel, Sudbury.

STRATEGY ON SEXUAL VIOLENCE AND HARASSMENT

The Chair (Ms. Daiene Vernile): Good morning, everyone. The Select Committee on Sexual Violence and Harassment will now come to order.

I'd like to welcome the presenters who are here with us today, and the guests.

I would like to share the mandate of this committee with you. We are here to listen to the experiences of survivors, front-line workers, advocates and experts on the issue of sexual violence and harassment.

You will inform us on how to shift social norms and barriers that are preventing people from coming forward to report abuses. Your advice is going to help to guide us as we make recommendations to the Ontario government on dealing with systemic sexual violence and harassment.

However, I will stress that we do not have the power or the authority to investigate individual cases. That is better left to the authorities.

I welcome you and thank you for adding your voice to this important issue.

ONTARIO NATIVE WOMEN'S ASSOCIATION

The Chair (Ms. Daiene Vernile): To our first presenter, Barbara Burton, with the Ontario Native Women's Association: You now have up to 15 minutes to speak. Following that, our committee will ask you questions. Please begin by stating your name for the record.

Ms. Barbara Burton: My name is Barbara Burton. Aanii. Hello, everyone. Good morning. I'm a local lawyer and a citizen of Dokis First Nation. I'm also here as the president of the Sudbury Native Women's Association, which is an arm of the Ontario Native Women's Association.

First off, I'd like to acknowledge that this is Anishnawbe territory. As you know, there's a site in Sheguiandah that they believe is 10,000 years old. As a people, we believe we have been here much longer.

At one time, Anishnawbe women were held in high regard as leaders and givers of life. The women carry the

culture, and it was up to us to ensure that our children grew up strong and happy.

Now, Anishnawbe women have been marginalized, brutalized and cast aside as a result of colonization's discriminatory practices and society's marginalization.

At first, there were the missionaries and the Jesuits, who taught our men that we needed to be beaten with a stick if we would not obey them, as the man of the house, or if we would not force our children to be Christians. And then there was the impact of the residential school system. We lost our culture, our language and our traditional values.

My mother, Louise, was the daughter of the chief of the Dokis nation. At one time, Dokis reserve was the richest reserve in Canada. My mom and her brothers and sisters were hidden in the bush every time somebody would see the RCMP boats coming to the island, because they knew that those boats were coming to pick up the children. My grandparents would hide all of the children in the bush so they wouldn't be taken away. Because they were hidden, they didn't have to go through the residential school system.

My mother had a grade 4 education, because that's the only grade that they went to on the reserve, but I grew up with a sober mother.

Mine, and many other mothers, refused to pass on the language, even though we grew up hearing it all around us. Our mothers were trying to save us from the punishments that the schools gave them when they were caught speaking their own language.

Many of our ancestors were beaten and sexually abused while in those schools. Some were killed. Those who survived came home after being in the school system for their formative years. They didn't know how to parent their own children. They did not have parents; they grew up in a school. They didn't know how to show love or respect, but they did know how to pass on the violence and sexual abuse that they had received while in the school system, and they did.

I have clients, male and female, who have suffered this kind of abuse from their own parent. Their own parent had never been through the residential school system, but that parent's father had. So their granddad had been through the school system, and as the granddad abused his own children, so his children abused the young ones.

My clients were there with me in court or in my office, because they were acting out from all of the abuse they dealt with all their lives. They were drinking, leading very dangerous lives, assaulting others or were involved in the sex trade. They had lost their children to the CAS, because they didn't know how to parent either, all because of government policies that felt that they knew what was best for us as native people. They believed they could somehow beat the Indian out of us.

Then came the Sixties Scoop, and you know what preceded that? The Second World War ended, so the veterans came back. There was all kinds of money around them for them to attend school, and many became social workers. Now the country had a lot of unemployed social workers. So, where before the government had left our families on the reserve alone, now they started to apprehend our children on the reserves and put them into foster care off the reserves. Soon there were many employed social workers.

They apprehended our children for a lot of reasons. Back then, they could apprehend because our homes weren't as nice as white people's homes. It was many years before the court system finally decided that this was not a good reason to apprehend native children. But they didn't go away. Soon there were more Anishnawbe children in the foster care than there ever were in residential schools.

Many of these children, growing up without the love of their families and their small communities, didn't fare well. Some of them were also physically and sexually abused. Again, without parents, they didn't know how to parent. They turned to drugs and alcohol to help cope with all of their painful memories.

This practice continues to this day. The CAS, as you know, is an arm of the government. When apprehending our children, they will state in their briefs to the court that there has been intergenerational abuse within this family. But then they do nothing about it. They don't give supports to this family to deal with the intergenerational abuse. They apprehend the children. That's how they deal with it.

The government doesn't set up any programs to deal with the effects of the abuse. They don't provide the family with the support they need to keep their children. The government's response is to apprehend the children and tell their Anishnawbe mother that she has to make changes before they will send the children home.

Here in Sudbury, where do our men and women who have been sexually abused, or who are sexually abusive, go to find culturally appropriate and competent programming, supports and education, which is critical to countering the trauma that has cycled through generations?

First Nations organizations, agencies and communities should have an instrumental role in the designing and delivering of victims' services and programming, recognizing that it is these organizations that have valuable knowledge and experience to bring to the discussion around sexual violence and harassment.

All support workers who work with vulnerable populations should receive cultural competence training, to

ensure that they are equipped with the skills and knowledge necessary to support the unique needs of indigenous victims of sexual violence and harassment.

In particular, support workers should receive education on trauma—historic and intergenerational—to facilitate their understanding of the roots and cycle of trauma, as well as the importance of culture and identity as part of the healing process.

Because none of this is happening, many Anishnawbe mothers don't report the abuse that they experience. The pain that they will suffer if they report the abuse is far greater to them than the pain that they're going through now in their own home, so they tolerate it. So another generation grows up living with the abuse, and the cycle continues.

0910

Aboriginal women are approximately three times more likely to experience spousal violence than non-aboriginal women. Sexual assaults account for more than one third of violent incidents involving an aboriginal victim. Most of these victims of violence are aboriginal women between the ages of 15 to 34. Eight out of 10 native women have experienced some form of violence, and these are only the reported cases.

We can take steps to better the situation. We need to improve the socio-economic outcomes for aboriginal women and families. We need all levels of government to understand the reasons behind the abuse and work together to improve the situation. We need men to take a stand and be part of the solution. But mostly, we need a society to take a portion of the money that they're spending on apprehending our children and on jailing our men and women and put it towards helping to make healthy communities for our children.

I was originally called to the bar in 1993 in Vancouver and then in Ontario in 2010. During that time, I have never seen a First Nations crown attorney; I have never seen a First Nations CAS lawyer. We are just not seen as part of the solution. British Columbia has First Nations judges and First Nations courts that deal with family and criminal violence together since so often it's the same situation. I have never seen a First Nations judge in northern Ontario, even though our cities are surrounded by reserves.

In order to comprehensively address the unique needs of Ontario's indigenous women, an indigenous-specific sexual violence and harassment strategy action plan that accurately reflects the magnitude of these issues and their impact on the lives of indigenous women needs to be created. It's not enough just to have a plan. There has to be a component of that plan that is specifically geared to sexual violence and harassment of native people.

The effect of the silencing of victims that has been witnessed by countless generations of girls and boys has to be addressed. For some, the extent of this victimization is so deeply ingrained within their lived experiences that it's difficult for them to even realize that they're victims. This is why culturally competent programming, supports and education are critical to countering the trauma that has cycled through generations of aboriginal people.

Further, to culturally appropriate and accessible services: We need to improve the policing mechanisms that surround sexual violence and harassment. Factors that continually function as barriers to the participation of victims of crime in the justice system must also be addressed when developing policing tools. This includes recognizing that many barriers, such as lack of support services and fear of authorities on the basis of retaliation or further abuse by the police, are inherently systemic.

Policing tools as well as the action plan should not only address the needs of victims who have reported incidents of sexual violence and harassment perpetrated against them, but also address the issue of under-reporting of victimization, as this is an issue of concern, particularly for indigenous victims of crime. Cultural competency training for members of law enforcement must also be provided.

When we consider how well the action plan addresses sexual violence and harassment, it is crucial that we also recognize that indigenous children are especially vulnerable to being victimized, particularly indigenous youths from 15 to 24 years of age. You may all recognize that from the recent killings in the Winnipeg area. Therefore, provisions to facilitate and accommodate the unique needs of those children have to be included in the action plan.

Indigenous organizations and agencies have the knowledge and expertise to play a crucial role in addressing and minimizing sexual violence and harassment of these aboriginal women and girls. Funding should be targeted towards increasing the capacity of indigenous organizations, agencies and communities to develop and deliver preventive programming as well as community-based support services. In the spirit of respecting the traditional roles of indigenous women, it is indigenous women themselves who should be spearheading initiatives designed to prevent and address sexual harassment and violence. Women should be provided with increased opportunities to advance these issues within a leadership capacity.

While the action plan acknowledges that sexual violence and harassment are rooted in misogyny, it provides no context for the distinct colonial racist history that continues to impact the sexual violence experienced by our women. The plan should include a clear mechanism for input from indigenous women. The Sudbury Native Women's Association remains committed to this issue and supports any mechanism that works to ensure the safety of indigenous women.

The following commitments are needed in order to fully protect indigenous women and girls from sexual violence and harassment, and again, this just is by way of summing up:

- an indigenous-specific sexual violence and harassment strategy;

- cultural competency training that is designed and delivered by indigenous organizations and communities;

- legislation that addresses existing barriers to reporting sexual violence and harassment; and

- increased involvement of indigenous women in respect to preventing sexual violence.

Earlier on, before we started our meeting, I was speaking with Ms. McMahon about some of the people that I've dealt with over the years and some of the information that I've learned both through my own lived experience and through that of others. I was telling her about a girl, a very beautiful girl; I met her in the Burnaby Correctional Centre for Women. She wanted to start up a native sisterhood in there so they could have something of their own inside this penitentiary for aboriginal women, so she asked if I—

The Chair (Ms. Daiene Vernile): Ms. Burton, I'm sorry to interrupt, but you have one minute left.

Ms. Barbara Burton: Okay, we'll leave this story for another time, then.

But I ask all of you: Remember, when you do your deliberations, that we need our children to survive. Remember that a change begins with one step, and today is a day for us to come together and start taking those steps. But take the steps with us, not on our behalf.

I just wanted to remind you: Our children are counting on you. Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Burton. Again, I apologize for having to interrupt, but I have the tough job of being the timekeeper.

Ms. Barbara Burton: I understand.

The Chair (Ms. Daiene Vernile): You will now get some questions: four minutes each for our caucuses. We begin with our PC caucus. MPP Hillier.

Mr. Randy Hillier: Thank you, Ms. Burton, for being here. You've got a lot that you talked about. With limited time, I just want to zero in on one element. You mentioned, near the end of your presentation, legislation to address the barriers to reporting. You're in legal practice; you're practising law. What sort of legislation are you contemplating there? What specific barriers could legislation address that are barriers to reporting?

Ms. Barbara Burton: The whole question of legislative changes and barriers is not a new one. There are other provinces in Canada that are dealing with it on a far more effective basis than we are. There's a judge in BC, Justice Marion Buller Bennett—

Mr. Randy Hillier: What was that last name?

0920

Ms. Barbara Burton: Buller Bennett—and she has been a judge out in Port Coquitlam for quite some years. First of all, she brought in the Gladue report, where she sees nothing but aboriginal people—for half a day or however long it takes—who are pleading guilty. As a native person who is aware of what our background has been and what these people are going through, she's able to see them as people rather than simply as problems that keep popping up in front of the judges. She knows the solution is out there.

She has also started a First Nations court, as I said, that combines when a family has had incidents of violence in there. There's the woman who has been hurt, the man who is abusive, and the children who have likely

been apprehended. She sees them as a whole. She deals with child apprehension; she deals with the criminal actions; and they come up with responsible methods of dealing with that situation in that home that can strengthen and support that family. These changes can come here too. There just has to be a will.

The Chair (Ms. Daiene Vernile): Thank you very much. Questions now from our NDP caucus.

M^{me} France Gélinas: Good morning, and thank you for coming this morning. I want to have your opinion as to: We have a number of First Nations-led agencies. Are any of them the beginning of what you're hoping for? If we think of Shkagamik-Kwe Health Centre, if we think of aboriginal health access centres, is this something we could build on to have a led-by-women solution, or were you thinking of something different?

Ms. Barbara Burton: I wouldn't focus solely on aboriginal-run organizations. There are organizations in town; for example, ours: the Sudbury Native Women's Association. There's also the Sudbury Women's Centre. The Sudbury Women's Centre has changed in the last few years. If you walk in there now, you'll see people from all cultures. That never used to happen. Now we've got all cultures in there. If the Sudbury Native Women's Association were to work with the Sudbury Women's Centre to provide a program for people to walk in and be dealt with in a culturally competent manner by people who are not threatening to them because they're not seen as the authorities, that will go a long way to bringing people in. Even before there's an incident with the courts or an incident of violence, women can come in and learn how to live in a home where people are healthier.

M^{me} France Gélinas: What keeps it from happening now? Why isn't the Sudbury Native Women's Association doing those partnerships? Just help me understand.

Ms. Barbara Burton: It's not doing that because we don't have any money. It's always a situation of money. Even the Sudbury Women's Centre, which does fabulous work here in this town, spends a lot of their daily time trying to get more money to keep the centre open for the women. There have to be serious commitments made to the people who are actually out there dealing with this on a day-to-day basis and trying to do the best they can to support families and to strengthen families. Those are the organizations that need to be funded. If you give money to a hospital, it's too late; the woman has already been victimized. That's why she's in the hospital. We need to get them earlier.

The Chair (Ms. Daiene Vernile): Thank you very much. A question now from our Liberal—MPP McGarry.

Mrs. Kathryn McGarry: Thank you very much, Ms. Burton, for coming in. I think your stories and your clear, organized and concise way of presenting not only the issues but the solutions is very necessary to this committee. I very much appreciate everything you said, and we'll be looking back in the Hansard for some of those things.

It's difficult to even ask a comprehensive question. You have done a lot of thinking about what is needed to

break the cycle, to stop apprehending the children and to be able to forward this work. I think a comprehensive plan that's designed by First Nations people to actually cut the vicious circle off would be very helpful.

Let's just assume that we would be able to fund all the programs. What would be your priority steps to actually start to break that cycle of violence?

Ms. Barbara Burton: I believe education is a big component. People have to understand why they're doing what they're doing and why they're allowing it to happen. When they understand why it's occurring, then they can open up and they can start dealing with it.

Helping to raise family self-esteem is another way of strengthening the family.

We really need programs for our men. Our women will look for people like me—and there are a lot of us out there—and they'll come to us for help.

Education, programming, and support to keep the families together, to help them grow in a healthy manner, is what we need.

Mrs. Kathryn McGarry: I would agree that being able to keep the children with the families and working in their own community to finally break this inter-generational cycle is the best way to do it.

In terms of support programs, who do you feel is best to design those programs, and how would you see those supports and programs rolling out?

Ms. Barbara Burton: I'm on the board of the Ontario Native Women's Association. I'm also president of the Sudbury Native Women's Association, and I sit on the board of the Sudbury Women's Centre. All of those people deal with grassroots women. They know the problems; they know the solutions. That's where the funding should be going.

Mrs. Kathryn McGarry: I also see that, really, all three levels of government should be coming in to support this, according to how you would design the program. Would you start this very early on in schools, or just in community centres, just within the groups that are already existing in the First Nations communities?

Ms. Barbara Burton: Both. All of them. The whole thing.

The Chair (Ms. Daiene Vernile): Ms. Burton, thank you very much for coming and speaking to this committee and informing us. I'm very grateful that you are here today with us.

Ms. Barbara Burton: Thank you for giving me the opportunity to be here.

MAPLEGATE HOUSE FOR WOMEN

The Chair (Ms. Daiene Vernile): The committee now calls on Melody Rose to take the witness chair.

Ms. Rose, welcome. You now have up to 20 minutes to speak to our committee, and following that, you will be asked questions. Please start by stating your name and then begin any time.

Ms. Melody Rose: Thank you for having this hearing today. My name is Melody Rose. I am the executive

director for the Maplegate House for Women, which is a shelter for domestic violence in Elliot Lake.

I have brought a scenario for you today, and then I would like to make a few recommendations and point to some of the issues that we have in our northern areas. I'm sure some of them are very systemic. I have not put all the information on your paper, but I have put an outline.

On October 16, 2013, our client S.M. arrived at Maplegate, accompanied by a female OPP officer. She stated that she had been raped by a male acquaintance. She disclosed that she had pressed charges and had been accompanied by the same female officer to the Sault Ste. Marie hospital, where she underwent a medical exam for rape so evidence could be collected. As well, she was given a morning-after pill. She stated that she became angry when the man who raped her had started bragging about it, and disclosed that she was tired of people taking advantage of her. She disclosed that she had hoped that charging the man was the first step in stopping that.

0930

One of the issues here that I would like to point to, in your northern communities, is that in Elliot Lake we do not have rape kits at our hospital. Women have to be transported two and a half hours to another hospital to have a rape kit done. Not only that; the woman is transported to that hospital for two and a half hours in an OPP cruiser, which is the start of the feeling like you are the criminalized person. The back seat of an OPP cruiser is not conducive to a victim.

The other issue is that in many of these communities in the north we do not have enough female police officers. In this case, this client was accompanied by a female officer. In another case that we have encountered, the woman was accompanied to Sault Ste. Marie—for two and a half hours in a cruiser—with two male officers after being raped, which is a huge issue in itself.

On October 17, 2013, S.M. told staff that she had been informed that the man who raped her was now in jail as "No one would post bail for him."

On October 18, she disclosed that the OPP informed her that there is a no-contact order against her attacker and if he tries to contact her he will be in breach of his bail.

October 21: She stated that VCARS told her that her attacker is in bail court today.

October 28: She talked about her current situation and her feeling of emptiness. Staff suggested counselling services.

October 29: She was informed of the services of V/WAP by outreach. S.M. expressed some concerns about her attacker's friends harassing her. We discussed safety and gave her a personal alarm to carry with her.

On October 29, she disclosed that she is having trouble sleeping due to nightmares and flashbacks. Staff asked if she would like to speak with the crisis worker from the counselling centre. She stated she would rather see her counsellor from here. Staff was able to arrange for her counsellor to meet her here. S.M. later stated that the visit went well.

October 30: She does not appear to be coping well with the news of the charges being dropped against her accused rapist.

October 30: She disclosed to staff that she is considering committing herself to a 72-hour stay at the hospital in Sudbury for a thorough psychiatric assessment. She stated that she has not decided on this yet.

November 14: She disclosed that she received some very upsetting news today regarding the court: that all charges against her attacker have been dropped. She stated that she could not sleep and stayed up with staff until 4 a.m.

What is not in here, but I will share with you, is that she disclosed to staff that she was told or she was given the impression that the charges were dropped because she was not a credible witness because she was under the influence of substances.

November 19: She talked about the effects of the charges being dropped against her attacker. Staff read a memo to her that stated that only 25% of convicted abusers do any prison time. She stated that she knows the rape was not her fault, but is still struggling with its effects.

December 16: She got an apartment.

December 17: She came to pick up a start-up hamper that we provide for our women. That was the last contact with our client.

This client passed away from complications on January 30, 2014. She will be missed and fondly remembered. This was from an overdose.

What we have to say from our front line is that the message is still there today that women are not believed. They are blamed—what they were doing, if they're using substances.

We would like recommendations that small communities have rape kits and trained professionals at all hospitals. It is very traumatizing—retraumatizing, revictimizing—to make someone ride in a cruiser for two and a half hours after a trauma assault to get that test.

We have made many changes because of this case, and this is why we're sharing it with you today. Many shelters have curfews because they want women to be in at a certain time to be safe. The effect of that, we find, is that if women are using substances and they don't make it back for that curfew, they will just stay out and continue to use because they can't come in. We have changed our shelter to a harm-reduction model so that we are now inclusive to women who do use substances or do struggle with mental wellness challenges so that a woman can come back at any time of night when she needs to be safe. We do deal with behaviours, not with labels. We are providing that service to women, and we have seen an increase in our occupancy of 20%.

We would like a recommendation that we still need to deal with our provincial system of how men are charged and what is needed to prove that and believing a woman when she comes forward. Even if she dresses differently, even if she uses substances, that does not mean that rape did not happen.

The Chair (Ms. Daiene Vernile): Ms. Rose, thank you very much. Our first questions will come from our third party. MPP Sattler.

Ms. Peggy Sattler: Thank you very much; that's quite a story that you shared. I appreciate you mentioning those details because they really give us some important insights. The change to the harm-reduction model: Is that something that most shelters in the province are changing toward?

Ms. Melody Rose: Actually, this is a very good point to make; thank you. I sit on the OAITH board of directors, which is the Ontario association for shelters. Not a lot of shelters have changed to this model because there is a lot of—how would I say?—stigma still with substance use. Our funders had questions, and we did face a lot of questions when we changed to this model about making all women in our shelter safe—having women there who are under the influence. We have changed our policies. We have done lots of training, and we have made it a very safe place. We have shown this to our program supervisor, who has asked us to share that. No, this model is not widely used yet.

Ms. Peggy Sattler: You said your funders raised questions, the funder being MCSS?

Ms. Melody Rose: Yes.

Ms. Peggy Sattler: Okay. But they are now satisfied that you've got appropriate protocols in place to enable this model?

Ms. Melody Rose: Yes, but we were, I will say, under scrutiny for an entire year over the model change.

M^{me} France Gélinas: If you were to take us through, how would you like the court and the policing system to behave? Could you take us through a positive way of doing that?

Ms. Melody Rose: Firstly, I feel that the women should be treated as if what they are saying to you is true. That is one of the advantages that shelters have over the other systems; the OPP system as well. When someone comes in, we take the woman at her word. Because of that, they do share a lot more of the details of their stories with us because they feel that they are believed.

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I don't believe that a victim should ever be transported to another hospital in a cruiser—maybe an ambulance, not a cruiser. And I believe that changes need to be made in the court system about whatever evidence needs to be proved.

M^{me} France Gélinas: For the abuser?

Ms. Melody Rose: Yes.

M^{me} France Gélinas: I am appalled to hear that if the hospital doesn't have what's needed to care for the woman—where does this practice of using a police cruiser rather than an ambulance come in? Is it specific to northern Ontario or does this happen elsewhere?

Ms. Melody Rose: I'm not sure. At one time, we had rape kits at our local hospital, and then they all expired and weren't replaced. There weren't people trained at our local hospital to do that. I've been told that they are working on that piece right now. However, before I

came to this hearing, I spoke to the local counselling centre, which does have a rape crisis worker. As little as a month ago, they had two cases that were still transported to Sault Ste. Marie, and that was with police cruisers.

M^{me} France Gélinas: Would you know if this is specific to where you live? We have 21 local hospitals in the northeast. Are they all doing the same thing?

Ms. Melody Rose: I'm not sure. I have not put that question out to the network, but that would be possible to find out. At OAITH, which is the Ontario association for shelters, we do have regions, and we can put that out as an issue and bring that back.

M^{me} France Gélinas: If you say two and a half hours, that means they go to Sault Ste. Marie or even to Espanola, which wouldn't have—really. It's hard to believe. This is very, very troubling. I take it, the way back goes the same way?

Ms. Melody Rose: Yes.

The Chair (Ms. Daiene Vernile): We have questions now from MPP Thibeault.

Mr. Glenn Thibeault: Good morning. Thank you for being here, Ms. Rose.

I'd like to follow up on some of the questioning that relates to northern communities and smaller communities. I know you talked a little bit about it. What are the challenges that we're seeing in the north and in smaller communities?

Ms. Melody Rose: I believe one of the challenges in the small northern communities would be confidentiality, as in this case. People hear about the incident, and then there's intimidation from the friends of the accuser, which makes it very difficult in a small community. Women generally do not want to leave that community because those are the only supports they have.

Mr. Glenn Thibeault: When we're looking at some of those challenges, what recommendations would you like to see to ensure that we can make those changes, if it's coming to the intimidation piece or if it's making sure that we have rape kits that are not expired?

Ms. Melody Rose: Actually, one of the issues that I really have a problem with is that in our community we have a small newspaper and people who are charged, all of those things, are put in our newspaper, so that lends to the piece of non-confidentiality. It does not name who the victim is, but because it's a small town, that adds to that piece. That piece in itself is problematic for me.

The training for the local hospitals and the right kits is an issue for me.

When we get to our court system, the level of proof that has to be provided is problematic for me. From what we hear, women are not coming forward because they feel like they're not believed, and they're the ones who are victimized. When you're told that you're not a credible witness or you're given that impression because you've used substances, it's really problematic. That is the most vulnerable population that this happens to, and they're not going to come forward if that's how they're treated and they're not believed.

Mr. Glenn Thibeault: We've heard testimony, and I've read testimony in the past, that integration of services, even in larger centres, is difficult. Is that a serious issue as well in small communities?

Ms. Melody Rose: Not really. Actually, in smaller communities, your collaborations are much stronger. So if we had this case and we picked up the phone and called the agency that has the rape crisis counsellor, they will drop everything and they will come. We do have very strong collaborations.

Mr. Glenn Thibeault: Excellent. So you don't see difficulties in terms of trying to transfer from a small community, then—I know that my colleague from the other side was talking about transferring with cruisers. There are issues like that, but the integration piece seems to be working well.

Ms. Melody Rose: The integration works well except for one piece, which would be the policing. I believe, as the lady before me, that there is a much-needed education around trauma-informed services and around trauma-informed education and support and knowledge, which would make a great difference. This is definitely needed in our Ontario Provincial Police system.

Mr. Glenn Thibeault: Excellent.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions come from MPP Hillier.

Mr. Randy Hillier: Thank you. Thanks for being here today. There are a couple of things I'd like to get a little bit more detail on. First off, I was astonished about the rape kits. I would ask the Clerk if maybe we can get a list of hospitals that do have rape kits or what the criteria is that constitutes the need for rape kits and people who are able to—

M^{me} France Gélinas: Use them?

Mr. Randy Hillier:—use them.

But the part about the credible witness—that part I want to get into a little bit more. I see that as a pervasive part of the problem in reporting and continuing on. I'm just wondering if there are any of the shelters or if there's any mechanism—I can see that, for example, shelters or other groups may be able to provide that education and the guidance and the advice to a victim to improve their understanding of the court system and improve their credibility within the court, because, of course, the court is there to find truth. That's the ultimate objective of the court. If somebody is not credible, then that is dismissed. So is there a role for the shelters or other groups, and do you think that would be beneficial, that we could actually provide that assistance and guidance to victims so that their standing in court would be substantially elevated over what is seen today?

Ms. Melody Rose: We do provide advocacy for the victims. We will go to court with them. We will provide all of those supports for them. The piece that really seems to be the biggest barrier is that the women feel that when they get to court they won't be believed, or they will be seen as non-credible for unsubstantiated reasons, such as using substances, as was the impression of this young woman. Only 3% of your victims are reporting. This is where the issue is.

Mr. Randy Hillier: This is where we want to get into—

Ms. Melody Rose: Yes.

Mr. Randy Hillier: I'm thinking about possibly having assistant counsellors, or counsellors, coming in and providing direct advice and guidance to victims—there has got to be some way that we can overcome the belief that they're not going to be credible or they're not going to be heard. It's not just the role of advocacy. There's another missing part here that needs to be added into the equation.

Ms. Melody Rose: I think it would be great if the organizations that work with the victims are part of working with the legal system to improve this relationship, because these organizations are the ones that your victims trust. So that would be a very big piece.

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Mr. Randy Hillier: Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much for coming and speaking to our committee today. You may join the audience if you wish.

Ms. Melody Rose: Thank you.

CENTRE VICTORIA POUR FEMMES

The Chair (Ms. Daiene Vernile): Our next presenter is Gaëthane Pharand. Welcome. Bienvenue.

M^{me} Gaëthane Pharand: Merci.

La Présidente (M^{me} Daiene Vernile): Vous avez 20 minutes pour parler à notre comité. Je m'excuse parce que je ne parle pas français très bien. Quand vous avez fini, les personnes ici demandent leurs questions. Si vous pouvez dire votre nom et commencez.

M^{me} Gaëthane Pharand: Bonjour. Je m'appelle Gaëthane Pharand, directrice générale du Centre Victoria pour femmes.

Alors, j'aimerais d'abord vous remercier pour l'opportunité de vous parler de notre expérience à livrer des services directs et de l'éducation dans le domaine de la violence sexuelle.

Nous remercions aussi le gouvernement provincial pour son engagement à cette cause sérieuse. C'est le deuxième plan provincial contre la violence à caractère sexuel et nous croyons que celui-ci nous amène encore plus loin dans la lutte contre cette forme de violence.

Le Centre Victoria pour femmes vient de souligner ses 20 ans à livrer des services à Sudbury et c'est depuis une quinzaine d'années que nous livrons des services aussi dans la région de l'Algoma, où nous avons trois points de service. Nous desservons donc les femmes francophones tant dans des milieux urbains que ruraux sur un vaste territoire.

Le CVF, Centre Victoria pour femmes, est désigné sous la Loi 8 et livre ses services entièrement en français dans l'Algoma ainsi qu'à Sudbury. À l'extérieur du Québec et de la région de la capitale nationale, il n'y a pas d'autres communautés au Canada qui comptent un plus grand nombre de francophones qu'à Sudbury.

Le CVF a un double mandat, soit les services directs aux femmes ayant vécu toute forme de violence : la violence sexuelle d'abord et la violence dans les relations intimes. Nos services incluent aussi la ligne francophone provinciale Fem'aide, gérée en partenariat afin de soutenir les personnes touchées par la violence. Nous travaillons aussi à éliminer la violence sous toutes ses formes en livrant de l'éducation, de la sensibilisation, et la prévention par le biais de présentations, d'ateliers et d'activités spéciales sur les diverses problématiques de la violence faite aux femmes.

Comme organisme régional, nous sommes membres de plusieurs comités dont le regroupement provincial Action ontarienne contre la violence faite aux femmes. Cet organisme nous permet de former régulièrement notre personnel sur des enjeux en violence faite aux femmes. Il nous fournit des outils, de l'analyse d'enjeux, et il effectue de la revendication de nos besoins et ceux des femmes. Pour nous, son apport est indispensable à notre travail sur le terrain, parce que nous n'avons pas les moyens de le faire.

Évidemment le CVF est membre de regroupements divers tels les comités coordonnateurs régionaux, les DV3C, dans l'Algoma et à Sudbury. C'est par le biais de ces comités que nous sommes en mesure de nous allier à d'autres pour faire plus d'éducation et de sensibilisation dans nos diverses communautés.

En région rurale, l'offre des services est plus difficile. Les survivantes sont parfois très connues dans leur communauté. Il peut exister des liens de parenté qui compliquent la situation de la confidentialité et souvent c'est presque impossible. La notion aussi de la perception de l'entourage face à l'agresseur, que « C'est un bon gars », sert à renforcer le silence et le doute sur le vécu de l'agression sexuelle. Le grand-père, une personne connue et respectée dans la communauté, a commis de l'inceste, et c'est la survivante, sa petite-fille, qui est mise à l'écart, ostracisée par sa famille, ses pairs. On l'accuse de vouloir détruire sa famille. La conséquence c'est qu'elle doit choisir entre maintenir son silence, avoir à côtoyer son abuseur régulièrement, ou de s'isoler de tout ce qu'elle connaît.

Nous désirons souligner le fait que dans son plan, le gouvernement provincial énonce assez clairement toute une série d'engagements et de démarches pour contrer la violence à caractère sexuel vécue par toutes et tous. Nous appuyons toutes les démarches énoncées et tout ce qui peut aider à faire changer les attitudes par lesquelles, encore aujourd'hui, le vécu des survivantes n'est pas pris au sérieux. Combien de procès juridiques connaissons-nous qui mettent en cause le passé et les comportements d'une survivante?

Notre expérience comme organisme communautaire en prévention de la violence et des agressions à caractère sexuel, c'est que les femmes avec qui nous travaillons, et ce à 99 % d'entre elles, ont vécu une agression à caractère sexuel dans leur passé, car au moment d'une agression sexuelle, la honte, la peur et l'humiliation étaient des facteurs envahissants qui ont servi à mettre en doute ce

que la femme avait vécu. À cause d'une société peu ouverte où les systèmes que nous avons mis en place pour leur venir en aide les revictimisent, ces femmes ont alors choisi de ne pas divulguer leur vécu. Mais avec les années et la distance, elles se sont rendu compte que pour se doter d'une vie saine, il était important de dénoncer et de chercher du soutien.

Au moment de vouloir entamer des procédures en justice, leur socialisation et celle de leur entourage les amènent encore une fois à hésiter. Cette socialisation nous dit que les femmes sont des cibles faciles, qu'elles auraient cherché la violence par leurs comportements, leur habillement, certains gestes du passé. En somme, tout semble fait pour mettre en doute la crédibilité des survivantes, certainement celle des femmes. Notre système de justice et plusieurs autres systèmes disent qu'il faut accorder à une personne accusée la présomption d'innocence. Mais pourquoi se fait-il qu'une femme contre qui on a perpétré une agression à caractère sexuel n'est pas crédible? Pourquoi n'accordons-nous pas la présomption de crédibilité aux survivantes? Voilà une des raisons fondamentales qui font que les survivantes hésitent à dévoiler leur vécu de violence.

Combien d'entre elles avons-nous vues se faire revictimiser en ayant à répéter leur histoire trois, cinq ou 10 fois? Les personnes survivantes ne mentent pas plus ou moins que bien d'autres personnes et ceci est prouvé. Toutefois, la crédibilité des survivantes est mise en doute à plusieurs étapes de leur cheminement, peu importe le système qu'elles traversent. Nous connaissons plusieurs exemples de femmes où, lors de leur enquête, lorsque les policiers, enquêteurs ou avocats les interrogeaient sur leur situation, ils étaient davantage préoccupés—c'est encore vrai aujourd'hui—par les comportements de la survivante, le montant d'alcool consommé et son habillement, plutôt que de maintenir une discussion sur la question du consentement.

Bien que nous appuyions toutes les stratégies mises de l'avant dans le plan d'action—« Ce n'est jamais acceptable »—nous aimerions faire quelques suggestions.

Il n'est pas suffisant d'avoir des politiques en place dans les divers milieux. Il faut aussi de réelles conséquences pour les personnes en autorité qui sont témoins ou chargées d'intervenir et qui ne le font pas. « Dans une école, une petite fille se fait harceler sans cesse par des garçons, qui lui suggèrent une série d'actes sexuels choquants. Lorsqu'elle en parle, ce n'est pas pris au sérieux. Comme conséquence, on a tenu une discussion avec les agresseurs. La jeune fille devait continuer à être exposée à eux et elle a été exclue de sa classe le temps que la situation se calme. Elle a payé le prix pour les gestes d'un groupe de garçons qui se croyaient en droit de l'abuser. » Dans ce cas, le personnel de l'école n'était pas outillé pour comprendre et surtout agir convenablement dans cette situation de violence sexuelle.

Il nous faut donc de l'éducation obligatoire jumelée à toute politique pour contrer la violence sexuelle afin que toutes les personnes comprennent et agissent de façon appropriée, et que le fardeau ne soit jamais placé sur la

survivante. Trop souvent, dans des cas d'harcèlement sexuel, nous avons vu la survivante avoir à quitter son emploi, prendre un congé de maladie ou autre, sa vie complètement bouleversée et celle de l'agresseur à peine dérangée.

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L'éducation qui est livrée doit présenter de nombreux exemples de situations réelles et potentielles. Par le biais de scénarios, le personnel et l'environnement de travail ou d'apprentissage doit être interpellé par des faits réels ainsi que des solutions. Plus la réalité est illustrée par des cas, plus on réussira à faire changer les attitudes, à mieux faire comprendre le sérieux de tout geste de violence sexuelle.

Nous aimerions aussi renchérir sur la question du consentement. Le consentement et la compréhension de ce que cela implique permettraient d'améliorer les relations dans toutes les sphères d'activité. Il faut comprendre que toutes et tous ont l'obligation d'obtenir le consentement. Il faut aussi comprendre la notion d'une personne raisonnable. Est-il raisonnable de ne pas agir lorsque nous sommes témoins de comportements d'agression à caractère sexuel commis par quiconque? Est-il raisonnable de blâmer une survivante parce qu'elle est sortie un soir, elle était seule, elle avait bu ou flirté, qu'on voyait ses jambes, et ainsi de suite?

Le fait de parler de situations réelles donne lieu à des discussions de fond et des échanges sains qui servent à engager les personnes d'abord à la réflexion mais aussi à l'action.

En milieu de travail, ce qui nous inquiète beaucoup c'est que malgré les politiques, procédures et protocoles qui sont nouvellement revampés, et on a pu en lire certains, nous craignons que sans un accès rapide et immédiat à une ressource externe, il y aura peu de changements. Dans combien d'affaires comme des situations en milieu de travail, dans des collèges et universités et des équipes sportives avons-nous appris, après le fait, combien de personnes connaissaient ou étaient témoins de situations de violence sexuelle sans que ce soit rapporté et que les personnes dénoncent? On ne sait pas en tant que société comment passer à l'action, passer à la première étape pour mettre fin à cette violence.

Notre expérience nous dit que le silence est enraciné chez la majorité des personnes, qu'elles soient survivantes ou témoins. Encore une fois, malgré les bonnes intentions des politiques en place, il est difficile, voire impossible, pour une personne d'oser s'adresser à son employeur ou à l'institution où cette violence a été vécue. Le fait de dénoncer est encore et toujours rempli de graves risques pour les survivantes. Trop d'exemples sont connus où la confidentialité a été rompue, où les propos des survivantes ont été mis en doute, et où le soutien n'a pas été livré. C'est pourquoi nous croyons qu'il faut des services externes pour les survivantes.

« Dans un cas de cyberviolence et de harcèlement en milieu de travail, la survivante a dû prendre congé parce qu'on voulait qu'elle continue à travailler à proximité de

son agresseur. Dans un autre cas, où il y a eu un dévoilement de violence conjugale dans le milieu de travail, on demande à la survivante qui est encore victime de rester à la maison, afin que le lieu de travail demeure sécuritaire pour les autres. » Qu'est-ce qui a été offert à la survivante pour assurer sa sécurité et son bien-être? Ces formes d'intervention servent à punir doublement une personne innocente.

Nous appuyons le concept de la formation normalisée. Par ce terme, nous disons que la formation doit être obligatoire et répétitive, avec une série d'exemples de situations réelles telles que vécues par les survivantes. Il faut que cette formation soit livrée dans tous les milieux, auprès de tous les corps policiers, de tous les procureurs de la Couronne, dans la formation de tous les avocats, à toutes les directions d'institutions d'éducation, à tout le personnel, les bénévoles, les équipes sportives de tous les niveaux, dans tous les milieux de travail, dans chaque programme universitaire et collégial, le tout afin de faire comprendre les conséquences sérieuses de la violence à caractère sexuel.

Nous réitérons aussi la nécessité que le gouvernement améliore son engagement envers les services communautaires en matière de violence à caractère sexuel. Ces services ont démontré leur capacité de rejoindre les femmes dans leurs milieux divers. Le contact personnel et plus humain et l'accompagnement des survivantes ont démontré qu'ils font toute la différence pour assurer un soutien de qualité constant et convenable pour les survivantes. Ceci est encore plus important pour toute personne appartenant à un groupe minoritaire comme celui des femmes francophones, vivant en milieu rural, lesbiennes, transgenres, immigrantes, âgées, jeunes, vivant avec un handicap, pauvres, métis, avec de jeunes enfants, monoparentales, ou ayant une dépendance ou un diagnostic au niveau de la santé mentale.

Enfin, il y a un certain temps que toute la population s'est mise en accord pour dire qu'on avait assez perdu de vies à cause de l'alcool au volant, qu'on avait assez souffert, et donc on a créé des lois, des conséquences claires, visibles et mesurables, et les campagnes de sensibilisation se sont multipliées. N'est-il pas temps maintenant qu'on se dise qu'on a assez perdu de vies et assez souffert de la violence sexuelle? Nous disons ici très haut et très fort que le temps est venu pour que nous mettions en place toutes les démarches possibles afin de faire cesser la violence à caractère sexuel dans notre société. Il faut que cette forme de contrôle et d'abus cesse.

Merci et bon succès dans vos démarches.

La Présidente (M^{me} Daiene Vernile): Merci, et nous avons des questions de M^{me} Lalonde.

M^{me} Marie-France Lalonde: Bonjour, madame Pharand. C'est un plaisir de vous voir aujourd'hui présenter au sein du comité.

Écoutez, je sais qu'on a parlé de plusieurs minorités. Moi, j'aimerais quand même mettre l'accent sur la francophonie et les services qui sont offerts pour les

Franco-Ontariens. Ma première question serait par rapport—au niveau du milieu rural dans les milieux franco-ontariens. Est-ce que c'est un enjeu? Si oui, ça serait quoi, vos recommandations?

M^{me} Gaëtane Pharand: C'est absolument un enjeu. Comme j'ai dit un peu plus tôt dans ma présentation, nous avons trois points de service dans la région de l'Algoma, dont un à Wawa, qui dessert les communautés de Dubreuilville, Chapleau et les environs, un autre dans la communauté d'Elliot Lake qui dessert sept communautés mais aussi les environs, dont Blind River, Thessalon, Spanish, et jusqu'à Espanola aussi. Ce que nous voyons, c'est que pour nous d'avoir accès à la population francophone, il faut être présent sur le terrain. Il faut vraiment faire des démarches très concrètes avec les gens. Toutes les autres formes de sensibilisation sont moins importantes ou ont moins de succès que ce contact-là entre personnes, parce qu'il faut bâtir la confiance. Les femmes ne font pas confiance dans les systèmes. Elles ont de la difficulté justement à croire que leur situation sera prise au sérieux. Donc, le fait de nous voir et de pouvoir nous parler fait en sorte que ça fait baisser des barrières. Mais je vous dirais que c'est quand même très difficile parce que dans l'Algoma, nous avons une intervenante qui doit couvrir tout ce territoire-là dans la région de Wawa, une à Sault Ste. Marie et l'autre dans la région d'Elliot Lake.

M^{me} Marie-France Lalonde: Vous avez parlé un petit peu des démarches que vous—je retourne ici. Vous avez dit, lorsque vous avez fait votre présentation, qu'il faut des services externes pour les survivantes. Pourriez-vous le développer un petit peu pour moi?

M^{me} Gaëtane Pharand: Bien, je pense que quand je parlais—nous, on vient de revoir les politiques contre le harcèlement et la violence sexuelle dans les collèges à Sudbury. On nous a demandé de les réviser. Ce qu'on a voulu faire comme point, c'est que très souvent, les personnes n'iront pas à l'intérieur auprès d'un enseignant ou d'une direction d'un collège parce que les systèmes en place sont tellement—ils font peur. Ils sont tellement hiérarchiques qu'on ne sent pas nécessairement qu'il y a cette possibilité-là d'un contact réel, personnel, et une écoute, peut-être pas nécessairement par la faute du système à l'interne mais parce que les gens ne font pas confiance. Donc, pour nous, c'était vraiment important de dire aux collèges et aux universités qu'il faut que les femmes ou les personnes qui ont vécu de l'agression à caractère sexuel puissent aller chercher de l'information à l'extérieur. À ce moment-là, on a un petit peu plus la garantie d'une certaine confidentialité, d'une distance entre l'évènement et l'institution où ça s'est produit.

M^{me} Marie-France Lalonde: Excellent. Merci. Do I still have time?

The Chair (Ms. Daiene Vernile): You have one more minute.

M^{me} Marie-France Lalonde: OK. Je vais vous demander une autre question.

On va parler du système de la justice. Vous avez fait référence au système de la justice et tout le côté de la

formation, de l'éducation. Est-ce que vous pourriez un petit peu élaborer, à savoir, ce seraient quoi, les recommandations précises, des points d'action qu'on pourrait recommander au comité?

M^{me} Gaëtane Pharand: Moi, je pense que, comme j'ai dit dans ma présentation, d'abord, il faut absolument que ce soit obligatoire au niveau de la formation des avocats, de la formation des policiers, de la formation des personnes qui seraient plus aptes à être les premières personnes à transiger avec des survivantes. Ce qu'on voit, c'est que cette formation-là n'est pas égale. Elle est parfois disponible. Certains l'ont eue, d'autres ne l'ont pas eue.

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M^{me} Marie-France Lalonde: Est-ce qu'elle existe en ce moment? Est-ce qu'il y a quand même une formation qui a été entreprise mais qui n'est pas divulguée ou amenée sur le terrain de la même façon?

M^{me} Gaëtane Pharand: Oui, je vous dirais qu'il y a eu plusieurs programmes qui ont été développés justement pour faire de la sensibilisation. Notre groupement provincial vient de compléter un programme qu'il a testé dans un collège auprès des étudiants qui se préparaient à devenir des policiers. L'idée justement, c'est d'aller voir comment c'est reçu, qu'est-ce qu'on peut en ressortir, comment on peut aussi le perfectionner. Le problème c'est qu'il faut être capable de le distribuer et s'en servir très largement.

M^{me} Marie-France Lalonde: OK, excellent. Merci beaucoup.

La Présidente (M^{me} Daiene Vernile): Merci. M. Hillier dit qu'il n'a pas de questions. Alors, est-ce que vous avez des questions?

M^{me} France Gélinas: Oui. Bonjour, Gaëtane.

M^{me} Gaëtane Pharand: Salut.

M^{me} France Gélinas: Merci beaucoup d'être venue.

M^{me} Gaëtane Pharand: Ça me fait plaisir.

M^{me} France Gélinas: Félicitations encore une fois pour votre 20^e anniversaire. Ça fait 20 ans vraiment?

M^{me} Gaëtane Pharand: Vingt ans—1995.

M^{me} France Gélinas: Je vais commencer avec ça. Toi, tu étais là pendant ces 20 années-là. Si tu regardes de 1995 à maintenant, qu'est-ce qui a changé? Est-ce qu'il y a des choses à apprendre du fait que vous êtes là depuis 20 ans?

M^{me} Gaëtane Pharand: J'aimerais pouvoir dire qu'il y a des choses qui ont changé, puis je sais qu'il y a des choses ont changé. Le simple fait qu'il y a plus de services qui existent, le simple fait qu'un organisme comme le mien existe depuis 20 ans, et entièrement en français, pour nous, c'est vraiment une marque énorme de l'ouverture qu'il y a eue. On a multiplié beaucoup les programmes, le travail, le contact avec les personnes dans les communautés.

Malheureusement, ce qu'on s'aperçoit, c'est que, encore là, la socialisation est tellement, tellement imprégnée dans nous tous que nos préjugés ressortent constamment. On le voit chez les avocats, chez les policiers, dans nos propres boîtes. Il faut faire un travail

constant pour défaire justement ces mythes-là qui existent encore, qui font qu'une personne, justement, une femme qui a été agressée sexuellement, est moins crédible. « Elle l'a cherché. » Malheureusement, la société nous dit aujourd'hui que c'est encore la réalité, c'est encore le phénomène.

Ce matin, une de nos intervenantes nous parlait du fait que dans les écoles, la question des jeunes filles qui acceptent de se faire poser nues ou dans une position un peu—comment le dire? Je ne voudrais pas dire « dégradante »—

M^{me} France Gélinas: Compromettante?

M^{me} Gaëtane Pharand: —mais suggestive, elles acceptent de le faire parce qu'elles font confiance et elles croient que ça fait partie d'être acceptée et d'être bien vue. Donc, il faut justement faire un peu de travail pour envoyer des messages et leur faire dire, « Je n'accepterai pas de me placer dans des situations, et non, tu n'as pas le droit d'agir et de prendre mes photos et d'envoyer un "Snapchat" à quiconque. Et la personne qui le reçoit ne doit pas l'accepter. »

Donc, il faut vraiment travailler pour changer les mentalités, et c'est un problème qu'il faut commencer très, très jeune.

M^{me} France Gélinas: Dans les 20 ans que vous êtes là, est-ce que c'est devenu plus facile pour les victimes d'identifier leur agresseur ou non?

M^{me} Gaëtane Pharand: Pas du tout, pas du tout, puis je pense qu'on en a des exemples constants dans les médias. Je pourrais vous nommer des affaires où la publicité qui s'est faite au niveau de l'Internet sur « Moi, j'ai été agressée »—on pourrait sortir des milliers et des milliers de personnes qui n'ont jamais parlé de leur situation, n'ont jamais osé, parce que, encore aujourd'hui, les systèmes qu'on a en place vont les mettre en doute, vont les questionner, vont les juger. Ça demande un courage énorme.

Donc, sérieusement, je regrette d'avoir à dire qu'on manifeste une plus grande volonté de changer les choses, mais il faut une éducation de A à Z constante et répétitive pour pouvoir y arriver.

M^{me} France Gélinas: C'est une histoire que je connais, puis tu l'as donnée comme exemple, l'inceste d'un grand-père et comment la petite-fille vivait ça. Est-ce que c'est quelque chose qui est typique de la communauté francophone, ou si vous le retrouvez en aussi grande quantité à l'extérieur de la communauté francophone? Là, je parle spécifiquement de l'inceste.

M^{me} Gaëtane Pharand: Je pense que c'est un phénomène assez répandu, non seulement dans les communautés francophones, mais on le voit, et on en entend parler par nos partenaires et nos conseillers dans d'autres agences, où le phénomène de l'inceste a été très, très présent. Est-ce qu'il l'est en ce moment? C'est difficile à dire parce que, encore une fois, les gens vont attendre très, très longtemps avant d'en parler parce qu'elles ont peur de perdre leur entourage, leur soutien. Trop souvent, on va vouloir porter ça en silence au lieu d'accuser un membre de la famille.

M^{me} France Gélinas: Tu nous as dit que vous avez une travailleuse à Wawa, une à Sault Ste. Marie, une à Elliot Lake, et vous avez votre bureau ici. Qu'est-ce qui arrive à toutes les autres communautés où cette présence-là, une-à-une—comme tu l'as dit, pour bâtir la confiance, il faut être capable d'être là, d'être présent, mais il y a plein de communautés dans le Nord où vous n'êtes pas présents. Qu'est-ce qui arrive là?

M^{me} Gaëtane Pharand: Moi, je dirais qu'on a fait de grands efforts. Si on entend parler d'un besoin et nous, on est incapable d'aller rendre un service, on va aller chercher le soutien des personnes que l'on connaît dans les communautés ou, où on a quand même plusieurs contacts. Je pense qu'il faut dire que le réseau a été augmenté de beaucoup. On a des services en français dans la région de Thunder Bay, dans le Nord, le district de Cochrane, Timmins, Hearst. Par contre, les personnes sont souvent seules, mais elles ont la capacité de se lier avec des intervenantes dans les maisons d'hébergement et dans d'autres services comme les services en santé mentale. Donc, pour ça le partenariat et la collaboration ont été des enjeux très, très importants pour nous permettre d'aller plus loin.

M^{me} France Gélinas: Est-ce que tu as des éléments de solution qui mettent le focus spécifiquement sur la confidentialité en milieu rural ou dans les petites communautés? Est-ce qu'il y a des solutions gagnantes face à ça que vous avez découvertes ou qui existent?

M^{me} Gaëtane Pharand: La meilleure solution que nous, on connaît, et qu'on a pu vivre de façon très, très claire, nette et précise depuis les derniers 15 ans, c'est le programme qu'on appelle le programme d'appui transitoire. C'est un programme d'accompagnement des femmes. Dans le cas d'un accompagnement, ce que ça fait, c'est que d'avoir une tierce personne en présence de la survivante permet justement d'aller chercher plus de crédibilité, plus de respect pour sa situation, et va un peu—comment dire?—forcer les gens à faire très, très attention à ce qu'elle dit, à ce qu'elle dévoile, et nous permet aussi d'avoir cette discussion-là avec la personne à qui on dévoile sur le contexte et le cadre dans lesquels on doit permettre la confidentialité.

C'est un dilemme énorme, et on vient d'apprendre, nous, une intervenante qui doit passer en cour cette semaine pour une cause—le procureur de la Couronne nous dit que si nous avons obtenu un consentement de cette personne-là pour discuter de sa situation avec un policier, puis on nomme seulement un policier dans le consentement, peu importe qui a été nommé, au moment où nous avons obtenu le consentement, nous sommes dans l'obligation de dévoiler à quiconque dans le système pourrait nous poser des questions.

Donc, dans sa cause où elle doit témoigner, elle ne peut pas dire, « Moi, j'ai obtenu le consentement de discuter de la situation seulement avec une personne. » Si en cour on lui dit, « On sait que tu as obtenu un consentement », peu importe qui a été nommé dans son consentement, elle est dans l'obligation de le discuter. Donc, nous, au point de départ, on dit aux femmes qu'on

doit faire très attention à ce qu'elles nous disent aussi, ce qui parfois va brimer un petit peu la relation qu'on peut avoir avec elles.

M^{me} France Gélinas: Parce que c'est commun ça, que lorsqu'elles arrivent en cour, si elles vous ont donné le consentement, ça devient consentement général?

M^{me} Gaétane Pharand: La confidentialité, selon notre connaissance, c'est seulement bon pour les avocats. Le privilège de confidentialité, ça existe entre un avocat et la personne avec qui il transige. Mais le consentement que nous avons, comme personnes travaillant dans un organisme communautaire, n'a pas du tout la même valeur.

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M^{me} France Gélinas: Mais c'est aberrant ça, c'est contre-productif. Ça vous empêche de faire un bon travail, non?

M^{me} Gaétane Pharand: Oui, ça nous force, par contre, de trouver des manières un peu créatives parfois pour ne pas briser la confidentialité. Dans des organismes comme le nôtre, on ne garde pas de notes écrites très, très détaillées. On s'assure que c'est très succinct. On ne nomme pas de noms. On révisé ça régulièrement.

On a déjà vu des organismes comme le nôtre aussi détruire des dossiers, si jamais on pensait qu'il pourrait y avoir de la documentation qui pourrait faire du dommage à la femme. Dans des cas de ce genre, on a vu que l'organisme a été mis en cause.

La Présidente (M^{me} Daiene Vernile): Madame Pharand, merci beaucoup de nous visiter ici aujourd'hui.

I would ask some of my colleagues who speak French better than I do just to instruct Madame Pharand, if you wish to sit in our audience and listen to the rest of the testimony, please do so.

M^{me} Gaétane Pharand: Merci beaucoup.

La Présidente (M^{me} Daiene Vernile): Merci.

VIOLENCE INTERVENTION AND PREVENTION PROGRAM, RAMSEY LAKE HEALTH CENTRE

The Chair (Ms. Daiene Vernile): We now call on a group from the Violence Intervention and Prevention Program, Ramsey Lake Health Centre. Please join us.

Thank you very much for coming and speaking to our committee today. You will have up to 20 minutes to speak. That will be followed by questions by our committee members. Please begin any time and begin by stating your name.

Ms. Nancy Horan: Thank you for this opportunity to speak. My name is Nancy Horan, and I am the manager of the Violence Intervention and Prevention Program at Health Sciences North here in Sudbury. Our program is quite unique in the province because it contains a hospital-based sexual assault centre, as well as a community-based rape crisis centre called Voices for Women.

I would like to address the committee first on behalf of the sexual assault and domestic violence program. Health

Sciences North Domestic Violence/Sexual Assault Treatment program was a founding member of the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres more than 23 years ago. The centre began with a staff of two people and opened its doors to survivors of acute sexual abuse. We provided women with a place to seek medical treatment and the collection of forensic evidence.

After a few years, it was clear that we needed to provide services to women who experienced domestic violence, so the program expanded to include on-call registered nurses and social workers. Today, the SA/DV program provides services to all survivors of sexual abuse and domestic violence, including children.

Sudbury is a regional lead in services of child maltreatment and provides consultation to support child sexual and physical abuse. The sexual assault treatment and domestic violence program also works collaboratively with other programs at HSN to provide workplace violence safety assessments, plans and consultations for employees. Sudbury's multidisciplinary team now consists of registered nurses, physicians, registered practical nurses, social workers and counsellors.

The Sudbury SA/DV program has been a progressive, innovative leader throughout the north, providing support and training to many northern community partners. To maximize the resources available to us, we work closely with community partners and stakeholders to provide accessible, comprehensive, valued client care. We have developed working relationships and formal policies with community partners, such as children's aid and the police, to better streamline the care and access services for clients. As a community partner, we are an active participant in Sudbury's coalition to end violence against women and children, helping us to identify and advocate for global community issues.

The Violence Intervention and Prevention Program supports Ontario's action to stop violence and harassment and would like to take this opportunity to identify some considerations and opportunities for change.

I would like to comment on two of your plan's commitments: first, on strengthening supports provided to hospital-based SA/DV programs; and, second, in the development and training of front-line workers. I would like to also provide some information to the committee into the geographical barriers to survivors in the north. It is crucial that the plan commits to strengthen supports provided to hospital-based sexual assault and domestic violence treatment centres to maintain a 24/7 access to excellent, appropriate and timely care. In the past, this has proven difficult to do with an on-call system, not only in finding staff willing to work in addition to their regular work but also in maintaining consistency.

An average length of stay for an on-call nurse in a program is about three years. While this may seem lengthy to some, it takes about a year to become an independent forensic practitioner, which includes hours of online training, mentored shifts, and provincial training. This costly but essential training is imperative to meet

our provincial standards of practice and crucial in providing the best care to survivors of violence. This current on-call system perpetuates a revolving door of practitioners constantly in a state of training.

With a more stable scheduling practice, nurses would be able to gain confidence and the program would maintain a core staff of trained, experienced workers required for the community and legal justice system.

My second comment would be in respect to your commitment to provide up-to-date training for front-line workers in the health, community services and justice system sectors. It is my experience that both hospital-based programs and rape crisis centres throughout Ontario have a great tool box for this training; however, it is distributed to only those sectors open and available seeking the information. Given the fact that one third of women experience sexual violence, would it not be important as a starting point that this training be mandatory in the curriculum of health care providers, law enforcement, and educators? How can we be empathetic, non-judgmental, empowering and inclusive as a front-line worker if we have not had the opportunity to learn about the impacts, prevalence and effects of sexual violence? This is imperative in providing holistic care to survivors and serves to be the beginning of changing rape culture behaviour and attitudes.

The sexual assault and domestic violence treatment program is centrally located in the North East LHIN, with a hospital-based program to the east of us in North Bay and one to the west in Sault Ste. Marie. As the most northern and central program, we are the support and referral program for physicians, emergency departments and health care clinics up to and including the James Bay coast. We have taken every opportunity to provide training and support to these communities, but without substantial financial outreach support, right now programs and training are dependent on the success of receiving grants and community funding. Given the geographical immensity of the north, this can prove quite challenging.

It is important to consider whether or not we are providing equal service to all victims within the north. On occasion, a victim will travel six or more hours to receive services, but there are some circumstances where travel may be greater and may not necessarily be the answer. One consideration might be to look at the vastness of the north and to support additional SA/DV programs specifically in the North East LHIN to decrease travel and improve accessibility for all survivors of abuse.

While I have focused on the acute needs of survivors of abuse, I would like to discuss some opportunities for victims where violence has been historical and complex. The Voices for Women-Sudbury Sexual Assault Centre is a community-based rape crisis program that provides services to women 16 years and older. It is funded separately from the hospital-based program and, like most centres, receives the bulk of its funding from the Ministry of the Attorney General. Voices for Women is

the newest rape crisis centre in Ontario, having opened its doors less than three years ago, superseding the original Sudbury Sexual Assault Crisis Centre, which celebrated 20 years of operation prior to closing.

Voices for Women is an inclusive, women-safe space that provides an array of opportunities to meet the needs of women throughout their healing journey. Voices for Women, as is the case for many rape crisis centres, relies heavily—and perhaps too much—on the donations and grants of community funding to be able to provide holistic care for women who access services, so we can appreciate the ministry's commitment to increase and stabilize funding for these programs. Adequate, stable funding would greatly assist centres like Voices in fulfilling their mandate to provide counselling, support and advocacy for women who are victims of sexual assault.

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One of the challenges that we currently are facing is our ability to service women even within the immensity of our own community. The city of Greater Sudbury, as you know, is the largest city in northern Ontario by population, and by land base or area we are the largest city in Ontario. This vastness makes it very challenging to connect to women who are isolated due to transportation and distance. The need to move into the world of technology to decrease this isolation is essential. Programs that are secure and designed to do online counselling can be costly to initiate and maintain.

Voices for Women also struggles with the availability of personnel resources, particularly counsellors, that support women, not only within our program but within the community. Many counsellors have wait-lists due to the sheer volume of need. In response, we have developed a process that best meets the needs of our women in the community and has minimized our wait-list, but there is still a wait-list for counselling nonetheless.

Voices receives about 125 women annually through the intake process. Women then have the option to attend a six-week workshop that provides education and support to dispel the myths and empower women. Women then enter into a therapeutic group where they have an opportunity to build a tool box for their healing journey. This is followed by individual sessions with a counsellor to begin setting their personal goals and meet their individual needs.

Along this journey, Voices for Women also provides volunteer-driven, social supported programs focusing on reducing the isolation and building connection. Some of these include our lending library, art and yoga classes. Without the generous donation of skill, time and funding from our volunteers and community partners, these programs would not be successful. They are crucial in the lives of women who have suffered sexual trauma, and the sustainability of these programs should not be dependent on fundraising, grant proposals and donations.

For my last comments, I would like to talk about rape myths, attitudes and behaviours; specifically, the way the media responds to sexual assault.

In our local media, stories about sexual violence and assaults more often than not contain explicit details. Based on our front-line work with victims of sexual assault, I can tell you that the public dissemination of these details has a very traumatizing effect. Survivors of sexual assault tell us that when explicit details of assaults against them are shared, it has an effect of making them relive those moments over again. They also have to deal with the fact that other people now know the graphic detail of what they've endured. In some cases, they did not want their families, friends or circle of acquaintances to know those details. Most often, graphic details being made public deters victims from coming forward to report these crimes.

Sexualized violence is deeply personal and attached to shame, guilt and fear. It takes exceptional strength and courage to provide an impact statement to the courts. It can be regressive to the healing journey when details are reported in a sensationalized manner that has little positive impact on the victims themselves and does little to improve public safety.

The media plays a valuable role in helping educate the public about the definition of sexual assault, its atrocity and the lasting repercussions for victims. The public does need to have a clear understanding of what is meant by "sexual assault" so we can reduce these crimes and ensure that the legal system deals with them appropriately when they occur. The media can also play a valuable role in dispelling the myths about sexual assault.

I believe the media can accomplish these valuable goals and fulfill their obligations to report the news without the need to relay graphic details of these sexual assaults. The general public does not need to know the intimate, graphic and lurid details of sex crimes to determine if justice is being served. That is the role of the jury and the crown attorneys who are there to represent the public interest in representing and weighing evidence and recommending sentences.

Media must be responsible and sensitive in their reporting to prevent the revictimization and shaming of those people who come forward.

In conclusion, it is important that we include survivors and those working with them as key stakeholders in all aspects related to policy-making and education. It is imperative that we support systems that value survivors and provide them with adequate resources for healing. It is necessary that we look at barriers unique to the marginalized, isolated and rural communities and that we include these stakeholders in our round-table discussions for change.

We look forward to your committed response to sexual violence. Thank you for this opportunity to share our experiences.

The Chair (Ms. Daiene Vernile): Ms. Horan, thank you very much for coming and speaking to our committee today. Our line of questioning begins with the official opposition. We have MPP Scott, who's going to ask you some questions now.

Ms. Laurie Scott: Thank you very much for being here today and for the work that you do. I guess a little

bit more on the human resources aspect, because I represent a rural riding also—not as rural, of course, as northern Ontario. What do you see as staff recruitment, training, and then obviously—I know Sudbury is the main area. I'm not sure; you must have other branches or contacts in other communities. Is it funding? What type of training do you usually see before they come in for more specific training, obviously, for sexual assault? I know it's a large question, but just in general it's a human resources question.

Ms. Nancy Horan: It is very specific training to be able to complete a sexual assault kit in a manner that it is credible in the court system, so it does require some extensive training around being able to provide that. The problem is—I think it's much like all of our rural communities—that we just don't have the numbers of social workers and we don't have the numbers of counsellors or care providers to be able to fulfill job postings or things like that. I'm not really sure what the answer is as far as recruitment.

Ms. Laurie Scott: Is it full-time as opposed to part-time? Is that full-time help?

Ms. Nancy Horan: For the recruitment for the on-call team, I think it is a full-time issue. We're asking nurses to do a 45-hour commitment to work for \$3 an hour, to stay on call during the night and on weekends, potentially waiting should a case come forward. For a nurse to take a full-time position would be easier and financially more stable for her than taking the on-call position.

Ms. Laurie Scott: For social workers that have specific training, is there a problem recruiting the social workers because of full-time/part-time issues?

Ms. Nancy Horan: I think it's like recruitment. People want to work full-time, and that's—

Ms. Laurie Scott: Right. They're mostly part-time now.

Ms. Nancy Horan: They're mostly part-time now, yes; correct.

Ms. Laurie Scott: Okay. Being full-time might help.

Ms. Nancy Horan: Yes.

Ms. Laurie Scott: And the training that is afforded—how many more minutes do I have?

The Chair (Ms. Daiene Vernile): You have plenty.

Ms. Laurie Scott: Do I? Okay. The training: You have social workers maybe in the more urban areas. Do you think you have enough social workers that would apply if full-time was available? I know they have to have training afterwards specifically, but do you think—

Ms. Nancy Horan: I think full-time is a huge draw.

Ms. Laurie Scott: It's a huge draw. So you'd have the social workers and the training.

Ms. Nancy Horan: I think so, yes.

Ms. Laurie Scott: Okay. So you'd have them available. It's just a matter of the resources to create the full-time.

Ms. Nancy Horan: Correct.

Ms. Laurie Scott: When they have to travel—give me an example, just because I don't know the area that well.

Give me an example of a community where you might have a hub or an office. Are there any?

Ms. Nancy Horan: That's the problem.

Ms. Laurie Scott: That is the problem. So there isn't anything that exists now. Is there infrastructure for that to happen, maybe, as in—I don't know—hospitals or offices that could be satellites if they had the funding to be that way?

Ms. Nancy Horan: Yes, actually. We have looked at a couple of different options. To be very honest, funding is clearly the barrier. One would be around Timmins because that seems to be a larger community. Right now, women would come from Cochrane to us, from Timmins to us, and that doesn't seem to be viably good.

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Ms. Laurie Scott: I understand.

Ms. Nancy Horan: The other thing is, Manitoulin Island also falls within our group, and if you are coming from the far shores of the island, that's almost a four- or five-hour drive.

So there are opportunities, and I think there are people interested in wanting to do that work—I just believe that it's funding.

We've gone to Timmins and Cochrane and all of those places and provided a small sample of nurses, some basic education, but there's no sustainability in that. They're not supported other than having had that one-time education.

Ms. Laurie Scott: In those communities, where would a victim go right now? If something happened in Manitoulin Island or Timmins, I assume there's a 1-800 number that could be called from those areas. I'm just assuming. That's why I'm asking the question. Is there somewhere where—even if it's working with a church community or anything. Is that set up there?

Ms. Nancy Horan: They'd present to the hospitals—

Ms. Laurie Scott: Okay, so they go to the hospitals—

Ms. Nancy Horan: Yes. They may report to the rape crisis centre in Timmins, but generally they would present at the police station or at the hospital.

Ms. Laurie Scott: That would probably inhibit some women from coming forward—because it's the large institutions, maybe, or the police. Do you find that with the hospitals?

Ms. Nancy Horan: Yes, it prevents women from coming forward. If you were assaulted somewhere on the island and you had to travel four and a half hours to get treatment and then travel four and a half hours back—I think that's often a big deterrent. As one of the colleagues before me said, getting into a police car or an ambulance, or whatever it is, is not ideal.

Having said that, it's important that we don't minimize the standards of practice. If we are funding centres, we want to make sure that we are maintaining the standards of practice and that we're not allowing people—anybody—to sort of hang up their shingle, because we want to be able to support at a standard where it can meet the criteria for the court system.

The Chair (Ms. Daiene Vernile): There are some questions for you now from MPP Sattler.

Ms. Peggy Sattler: Thank you very much for the presentation.

I want to focus on this model that you have developed here combining the hospital-based sexual assault centre with a community-based rape crisis centre. I have two questions about that. First, what were the particular circumstances that led to this model being created? Is it common in other communities? Second, what would you say are the advantages of this kind of model and what are some of the limitations, if we were to look at replicating this in other places in the province?

Ms. Nancy Horan: What happened was the sexual assault crisis centre had closed down, the tender went out and there were applications, and we were successful with the application to develop the community-based program.

I need to be clear that they are separate. It is kind of a unique model that I am the manager of both, but they are completely separate. The hospital runs on a hospital or medical model, and the community-based centre is definitely community-based, grassroots philosophy. I just happen to be the link, in the sense that I am managing both programs.

Being linked to a larger facility comes with some disadvantages, in the sense of funding, staffing issues, things like that. It sometimes does have its advantage financially, where I can rely on things like payroll and stuff from that advantage. We're still new at doing this. We struggle from both sides, so I'm not sure that this is the ideal model. I think, for us, this is what has happened in our community, and we're doing the best that we can to maintain two separate entities and support the women who access both those services.

Ms. Peggy Sattler: Okay. Thank you.

M^{me} France Gélinas: In your presentation, you talked about basically sharing explicit details of cases through the media. Do you know if there's a code of conduct that exists specifically for the media when it comes to reporting those sorts of cases?

Ms. Nancy Horan: That I'm not sure of. I know that there's an organization—and I apologize for not knowing who they are—but they have developed a booklet to help the media report. I think it's really important that the media are reporting to the community the fact that sexual assault occurs; I think we just need to look at how that reporting is handled. I'm sorry; I don't know if the media have a code of conduct that they're supposed to abide by.

M^{me} France Gélinas: But there's a booklet.

Ms. Nancy Horan: There is a resource.

M^{me} France Gélinas: There's a resource that exists, but from what you're telling us, it's not being used.

Ms. Nancy Horan: Correct.

M^{me} France Gélinas: We do those kinds of things here as legislators. We make sure that if there are rules out there, they are followed. That's kind of what we do.

Ms. Nancy Horan: I don't know if it's a rule. It's just some guidance.

M^{me} France Gélinas: Okay. We can make it a rule.

My next question has to do with travelling in the back of a cruiser so that you can have the forensic evidence

done in a way that is acceptable to the court. Really? Travelling in an ambulance would not be more humane than travelling in the back of a cruiser?

Ms. Nancy Horan: In our community we have solicited the help of VCARS. Instead of the cruiser, they will relay women to where they need to go. They've been very helpful in that sense. We try to avoid the ambulance and police.

M^{me} France Gélinas: But we were told stories this morning that women coming from Elliot Lake, Blind River, the island, all over northeastern Ontario, given that, except for you in Sault Ste. Marie, you are it—victims are travelling in the back of a cruiser.

Ms. Nancy Horan: That does happen, yes. That's correct.

M^{me} France Gélinas: Are any ideas being put forward as to how we could improve this or do it differently for every victim in northeastern Ontario?

Ms. Nancy Horan: The Ontario Hospital Association put out some guidelines around caring for victims of sexual assault. They put out some guidelines to all of the emergency departments.

Then the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres got a funding grant to be able to go to all of the communities' emergencies throughout Ontario to provide specific training to be able to do the kits within their own community. At that time, they were given all of the opportunities to have the kits, and they have access to get the kits. As part of that funding, there will be some ongoing education online that will be available to emergency practitioners throughout all of Ontario.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions come from MPP McMahon.

Ms. Eleanor McMahon: Thank you. You play a very interesting role in the community because you are active on the treatment end, you're active on the counselling end and you're obviously active in the outreach end, because you're running a vigorous non-profit and you're engaged in partnerships in the community. Congratulations for that. I think it's heroic, really, what you're doing.

I just want to take us back. Some of my colleagues opposite were asking this, and I wanted some thoughts. We've heard from various presenters today about the kind of victim blaming that's going on and the silence that gets perpetuated. Women don't want to come forward because they feel as though media scrutiny is going to penalize them. It's going to question what they wore, what they said, whether or not they've been drinking. Instead of focusing on the aggressor, they focus on them. It's hard to believe, isn't it, that that kind of stuff is still happening.

1050

While I'm hesitant to point fingers at the media—because it's a larger picture—I do wonder if there are ways in which we can get local organizations like yours to work with local media. There's a bigger picture here. Maybe it is regulations; maybe it is some legal heft. It

sounds like the Ontario Press Council, which is the organization I think you were referring to, has developed a bit of a manual.

Can you talk a little bit about the media and the role that they play? Because it's a two-headed monster, isn't it?

Ms. Nancy Horan: I can just give a small example. We had a group a while back where there was some media for a sexual assault that occurred in our community. The presentation of how the media responded—we actually had to stop our group, spend the entire group session on debriefing, trying to figure out how that impacted them, talking about that and how everybody felt around that and what it meant to each of them. I don't know if that's—I mean, it was therapeutic in that sense, that they were able to get their feelings out.

I'm not against the media reporting, by all means. I just think that talking about the sexual acts and the fact that she was “drunk coming out of the bar”—I don't think those are things that we need to really focus on, because that makes her look like, “Well, if she was drunk coming out of the bar, then she asked for it,” right? Those are the kinds of things that we need to move away from. Report the facts and put more emphasis on the perpetrator as opposed to the victim.

Ms. Eleanor McMahon: Maybe strengthening that code of conduct and encouraging some better behaviour from the media in terms of how it contributes. It's hard to imagine this, but let's imagine that maybe they don't fully appreciate the extent to which that re-traumatizes a survivor.

Ms. Nancy Horan: And we're all here doing our jobs, right? I think it's important that we work collaboratively together and we have that training or that knowledge to be able to know. Maybe it's just because we don't know how it impacts. So maybe it's just a matter of sharing that and being able to show how that impacts the victim.

Ms. Eleanor McMahon: Interesting. You mentioned training, so I'm going to take a leap off that diving board: training for our police officers, training for our justice system, greater sensitivity. I'm sure you've held the hands of survivors through the justice system. Your comments, please, on how we could bolster the supports that are available for victims as they go through the process in terms of the role that you play, and maybe talk about training for our law enforcement and our judiciary.

Sorry, that's a lot.

Ms. Nancy Horan: That's okay. I think that training is imperative, and not after the fact. I get that officers in the court system and everybody who is in—we require to have some ongoing training, which we do. We work collaboratively together. The police sit on our coalition and those kinds of things.

What my focus was on was, maybe we're not training early enough. Maybe it needs to be incorporated into police schooling. Maybe it needs to be incorporated when we're doing our teachers so that they can recognize it. Maybe it's part of the nursing core. Maybe it's part of the physicians' training, so they're at least getting that small

amount so that when they're out there doing their practice, they're able to better equip themselves to deal with persons who have experienced sexual violence.

So my comment was more about getting into the beginning parts of it so that at least they have that small bit of knowledge going forward.

Ms. Eleanor McMahon: Do I have time for one more question?

The Chair (Ms. Daiene Vernile): You do, yes. Go ahead.

Ms. Eleanor McMahon: I'll take you back to your comments on the forensic training that's necessary for the nursing profession, I believe. Can you talk a little bit about that and how we could lower some of the barriers in terms of recertification and keeping up with certification, so that we can continue doing the valuable work—because that sounds complicated.

Ms. Nancy Horan: Again, it goes back to working full-time as opposed to on-call, because if staff work full-time, then they're exposed to it more often. Right now I may have a staffer who does her commitment of 45 hours a month, but she may not see a case for three months, just because of the way it happens in her on-call, so it's difficult to keep up her competency and her ability to feel confident when she's addressing somebody.

Having that model where people are working full-time in a rotation, they're more exposed. They're able to keep up their skills that make them more credible when they come to court, because they're able to articulate. They have a better knowledge of the services and stuff like that. So I think it's just the staffing model that needs to be tweaked a little bit. I think that would also keep nurses longer, so they're able to build that skill.

Ms. Eleanor McMahon: That's helpful. Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much for coming and informing our committee of the important work that you are doing. You're welcome now to join our audience if you wish.

LAURENTIAN UNIVERSITY

The Chair (Ms. Daiene Vernile): I would call on our next two presenters. They are Dr. Jennifer Johnson and Lise Dutrisac. Committee members, our next two presenters have asked to sit together and to present concurrently, so we're going to allow them to do that, and then at the conclusion we will have a full amount of time to do our questioning.

To the presenters who are here with us today: If you could all begin by stating your names, and then you will have up to 20 minutes each to present. Begin when you like.

Dr. Jennifer Johnson: Thank you so much. My name is Jennifer Johnson. I'm going to address the group first to let you know how things will roll out for us. We're all from Laurentian University, and we actually represent some fairly different offices within the university, but today we've endeavoured, in the time that we had—which was about a week and a half of preparation, from

the time we learned about the committee until coming here—to let you in on some of the things that we're talking about at the university, and what our process is moving into the future on policies and practices regarding sexual violence, harassment and discrimination.

Folks will introduce themselves, but I will say briefly that Lise Dutrisac, to my left, is from the office of human rights at Laurentian; Nicole St-Marseille is the director of parking and security services; and Erik Labrosse, right at the end there, is director of student life services on campus. I'm a department chair at the department of women's studies at Thorneloe University, federated with Laurentian, so I represent some of the academic perspective.

We've organized our presentation around, first of all, offering you an idea of what Laurentian is like as an institution, leading into relevant statistics around how sexual violence and harassment might be specific to and different at a smaller university. We'll then talk about some of the policies that already exist, but where the gaps and strengths that we're experiencing are. We are then going to focus on the theme of how we respond to allegations of sexual assault and harassment. Then—and this will be my part, because I'm an academic—I'm going to leave you with some problems and questions which we can discuss, or which you may wish to take away with you.

Without further ado, I'll pass to my colleague Erik Labrosse.

Mr. Erik Labrosse: Good morning. Bonjour, cher Comité spécial de la violence et du harcèlement à caractère sexuel. We'd like to begin by offering the committee an idea of what Laurentian University is like as an institution, so that we can contextualize what you'll learn about us in the following presentation.

Some of the key pieces of information: We are one of two bilingual universities in Canada. We have a tricultural vision, of English, French and aboriginal cultures. Our Sudbury campus is situated on Anishnawbe land; specifically, the traditional lands of the Atikameksheng Anishnawbek First Nation. We also have a campus in Barrie.

For many reasons, Laurentian has been a leader in higher education. We have smaller class sizes, which is extremely positive, and we're also recognized for our interactions with our faculty, our professors. We've garnered acclaim in Maclean's, the Globe and Mail, and our university reports.

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Geographically, Laurentian is not just a microcosm of northern Ontario. While the student population at Laurentian does reflect northern Ontario demographics, it includes students from rural and remote communities, and we do have a large proportion of first-generation students, which means it's the first person in that family who attends either college or university.

A large percentage of our students, however, are from the greater Toronto area or southern Ontario, and we do have a lot of students who are here on visas from China or Saudi Arabia.

This diverse student environment is distinct from the demography of the city of Greater Sudbury and serves to enrich the campus community, and it does challenge us in terms of policy and campus programming.

As a community, we know that we have a wide range of services available in comparison to many of these northern communities that we just talked about, but there are continuing problems with sexual violence and harassment in our communities.

Like in other institutions, over half our population of students is female. As studies report, four out of five female undergraduates had some exposure to sexual violence. We are aware that sexual violence affects a large proportion of our student population.

Although the city of Sudbury is considered an urban hub in the north, its proximity to rural and remote regions, as well as the migration of students from those communities to Laurentian, means that we welcome a lot of students who have lived through the challenges of growing up in an isolated community, often with serious social and economic challenges.

We recognize the importance of this long-overdue conversation. While we recognize the long road left to travel in this area, we are well positioned to move forward with sexual violence prevention and policy.

We are also a self-reflective university which values frequent assessment and analysis, as it leads to a safer and healthier environment. I'm going to share some statistics that are specific to our campus regarding our campus climate. Some of the data that we're sharing with you is research that was done by people who are here at this table—Jennifer, for instance.

In 2013, a sexuality and gender diversity study told us that we needed to improve our campus climate by reducing gender-based discrimination in our services. A national survey on student engagement also told us that we needed to provide more programs and services that help students build a stronger social network, meaning that students need to make more social connections on campus and that students need to build a stronger social network with the ability to connect with people from different backgrounds and cultures on our campus.

Our human rights office reported that we have issues of racism and racial harassment, which is most often reported through the human rights complaint office.

We know that experience of sexual violence may intersect with other aspects of student, staff or faculty identity and experience, such as sexual orientation, disability, the citizenship status of students, and racism. Whatever policies we put in place, we do understand that we need to take and consider all these complexities.

To speak about the policies that we have at Laurentian, I'd like to introduce Lise Dutrisac, who is our human rights adviser.

Ms. Lise Dutrisac: Bonjour tout le monde. Je suis Lise Dutrisac. Je suis la conseillère en droits de la personne pour l'Université Laurentienne. Ma présentation sera faite en anglais, mais je vous invite à poser des questions en français.

Most of my presentation will be done in English.

I'm the human rights adviser for Laurentian, which means that there is an office of human rights. What Laurentian does is look to promote and to support a harassment-free, discrimination-free environment for all of our students, our staff and our faculty. The policy that comes under the human rights office also covers visitors, contractors and volunteers who may be on campus.

We also have a number of policies and programs to support this. I think it's important to note that although we do have them, it's not always easy for students, staff and faculty to be able to know about them. Therefore, that's one of the struggles that we have: to be more visible.

For the students, we've got the code of student conduct, and it's currently being revised. We have a student support and intervention policy. That is also being revised currently.

We've got a residence rules and regulations handbook. There's a varsity code of conduct. And through my office, as I mentioned, there's a policy on a respectful workplace and learning environment, along with a program to support that. We also have an employment equity policy through this office.

There's an emergency management plan. There's a statement of student rights and responsibilities, and Laurentian University has a web page dedicated to the prevention of and response to violence. Students and faculty can access that page directly by going on the web, and I've got the Web address that I could share with you, should you wish.

The goal for Laurentian University is to be a safe and inclusive campus. Like other institutions, we do have those policies, as I mentioned, and procedures to support that. These apply to all the faculty, staff and students. We make it clear that the university will not tolerate violence, discrimination or harassment. Although we have policies and although we have an office, there still seems to be a reluctance to report and therefore what we're trying to do is to be more visible to make it easier for individuals to report.

Like other institutions, we are proactive. There are many training sessions where we talk about the harassment-free and discrimination-free workplace, as well as a workplace and learning environment without violence and how individuals who may be affected can access the services that they need.

In our program, we also speak to the rights of the respondent as well as the rights of the complainant because we feel that it's important to respect the rights of both. Some of the reluctance comes from the stigma that still seems to be attached to reporting sexual harassment. It could be because of the differential in power, if you want. So we have students who may be reluctant to report anything against a professor. We may have staff not comfortable in reporting against their supervisor, and untenured professors not willing to report for fear of retaliation. The reason why I mention this is that with our program, in order to go forward and deal with the harassment, the individual needs to be identified. Therefore,

that sometimes poses a stumbling block whereby it makes it more difficult for the individual to be able to say, “Yes, my name is.... This is my story, and I want the other person to know that those are the allegations.”

In our policy and our program, we do make it clear that the complainant has the right to make a complaint and has the right to be given support. If a person feels comfortable coming forward, they can bring someone of their choice to make the report. We offer the same to the respondent.

We also have professionals trained in counselling. We’ve got security and, as I mentioned, the office of human rights. These individuals can respond and can be helpful to anyone who comes forward.

As I mentioned earlier, not everyone knows about the services, and that can pose a challenge. One of the areas that we are trying to explore and to promote is that colleagues need to be able to step in on behalf of those who may be faced with sexual harassment or sexual violence so that there will be more than just the individual who is being affected who is there to support and to intervene. Our training covers that, and we try to make sure that people get that it’s not okay and that it’s up to the colleagues to come forward and assist anyone who may be faced with that.

We do have student orientation at the beginning where we talk about the services that are available. However, doing it right at the beginning may not be enough, and we need to continue with that and get more people to fully understand that Laurentian has a no-tolerance policy and that we want to be there to be helpful to individuals.

The office of human rights also has good rapport with the office of security. It’s my pleasure now to introduce to you the director of security, to my left, Nicole St-Marseille.

Ms. Nicole St-Marseille: Good morning. Thanks very much for this opportunity to speak with you. I wanted to talk specifically about how reporting works at smaller institutions, specifically at Laurentian, and how information is funnelled, tracked, recorded, reported and stored.

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Once an individual person comes forward with a report of an incident of a sexual assault, it falls to my office to handle that. If it’s harassment, we redirect them to the human rights adviser office. However, our office is 24 hours a day, seven days a week, so oftentimes we end up receiving the reports of harassment in the meantime in order to not lose that person who comes forward, and then we hand it over to the appropriate office.

We know that there are universities all across Ontario—we’re part of an association with OACUSA, which is the administrators of security in universities and colleges, and we discuss quite frequently how we deal with things. We know that one size doesn’t fit all on campuses across Ontario, because everyone is unique with each of their own—

Interjection.

Ms. Nicole St-Marseille: Oh, sorry. Is this even on?

Interjection.

Ms. Nicole St-Marseille: I don’t know how I did that, but it went on.

So there are a number of locations where someone can report at a university campus. We receive information. Residence often receives information. Although I just said that security is 24/7 on campus, residence managers, porters, RAs, res advisers—all of those folks are available 24/7 as well. They often receive information because of that intimate relationship that they have with the students who live in their residences and on their floors. Sometimes that request comes through that they don’t want it reported anywhere further than with their res personnel who they’re familiar with, and it doesn’t end up in the security office necessarily, and there is no obligation to be reporting.

But when an incident is reported to security, we maintain confidentiality, as long as there is no harm to other people or to the person who is reporting. So we advise the person in advance that confidentiality will be maintained as best as possible, as long as there’s no one else at risk.

We don’t have an obligation to report to police, unlike special constables in some of the other university campuses and colleges in Ontario. So the relationship there is slightly removed, and there is no reporting structure, as special constables have in the province.

The report is accepted by security. We strongly encourage the person to bring that information to the local police, Greater Sudbury Police, and we can assist with providing them with a location for an interview or we can provide transportation. We can get other resources, like an advocate to go along with them—a friend or somebody from counselling if they have relationships there—to accompany them to the police.

We very strongly recommend that they visit Health Sciences North. As you heard earlier, there’s a wonderful system in place here in Sudbury with Health Sciences North that provides that care and a long list of resources that are available to a person. That’s one of our strong recommendations. We’ve partnered with that department out of a hospital to educate our personnel and our residence personnel so that they have a better understanding of what will happen when you show up in the emergency department here in Sudbury, so that that can be encouraged, because I think, oftentimes, people have a misconception of what will happen if they do end up in the emergency department and that it’s not necessarily accurate to what will actually unfold—so we strongly encourage the Health Sciences sexual assault crisis department.

We provide a number of options to the complainant, all while reminding the survivor of the need for confidentiality, with the exception of fear of risk to others. We receive the information. We respect all the wishes of the survivor. We have health services on campus. We have counselling services on campus who can provide assistance.

We conduct an interview. We generate an incident report. We’ll conduct an interview with the complainant and then with witnesses and the respondent as well.

We have a number of options that are made available to the person coming forth with the complaint, such things as displacement of the respondent who may live in residence, if we can do that. It may mean the person who is reporting wants to move or change residences as well, and we can certainly help with that. We can notify to avoid all contact, either directly or indirectly. So we do a variety of things that help to protect the person who has brought forward the complaint.

With our student services office, we can impose sanctions. It's a privilege to be able to use our campus for the extracurricular activities that we have. We can certainly restrict those privileges with regard to accessing campus for academic reasons only, restricting them from attending extracurricular activities or whatever other activities outside of the academic scope of their relationship with Laurentian.

We regularly develop a safety plan for the survivor, so we encourage a buddy system. We have services on campus that can escort a person to and from their vehicle or to the bus stop; we'll wait with them. There's a variety of different things that we provide, and people don't necessarily know those things. So part of the safety plan is to offer all of those opportunities for somebody who has reported.

We can change their class sections. If their perpetrator or the respondent is in the same class section or the same program, we do our best to try to eliminate that exchange or interaction that may have to occur as a result of being in the same program. And we provide support to the survivor and the respondent, and possibly protection for the person who is the respondent, because although we house approximately 1,600 students on our campus, our residences are fairly small, so we've seen retaliation as a result of something coming forward, where information gets out and there are accusations made. The respondent oftentimes ends up being in need of protection, so we end up removing that person.

We generate an incident report with all the information. In the event that it is including the police, we provide them with all the support that they need as part of the investigation. We hand over all of our incident reports to the police; our archived video footage, if that's applicable; card-access information that may be applicable to an incident; sign-in records—a variety of different things. On campus is typically where an assault may occur, because our students are living on our campus.

Our on-campus housing is geared towards our first-year students, as well. As a first-year student at Laurentian, you're guaranteed housing on our campus. That assists with that transition from high school into being more independent. We know that the first-year students have that opportunity to have somebody kind of looking over their shoulder, guiding and providing assistance when needed.

When a report is made with Greater Sudbury Police, we provide all the information, and if the complainant chooses to pursue the case via the criminal justice system, we can also assist the crown—and this has actually

been done via the police, where they consult with us on what kinds of restrictions with regard to a release, if it's bail or whatever the case may be, on that person's release after charges are laid; that we assist with putting restrictions in place. It's separate from what we do internally as a campus. We can provide whatever restrictions we feel are necessary in order to make sure that the complainant is safe, but we can also provide recommendations with the police that are brought forward to the crown, and we've done that in the past.

But we do have some gaps. One of the things that Erik boasted about at Laurentian University is that our class size is very small, and that's great when you're studying. However, when something goes wrong, that creates a challenge for us. As Jennifer noted just recently in another conversation, we have faculty members who teach a small class size of 20 people and there's only one group of that class size or that section. How do we remove somebody from a class environment where the class sizes are that small and so intimate? That creates a gap and a challenge for us. Small classes also identify people. In the event that something changes and somebody is removed from a class, or they're doing distance ed as an alternate arrangement, that often ends up identifying the person involved, as well.

One of our challenges: In the past, OACUSA, which is the Ontario Association of College and University Security Administrators, had a reporting structure where we would benchmark against one another. That wasn't legislated; it was just an association decision to have done that. Our reporting stats differ according to who the administrator happens to be. So how are things being reported and recorded in an appropriate way? We have no obligation to report to the police. This is a good thing. It can be a bad thing. The respondent may continue to offend, and that information is not necessarily being shared with the police, at the request of the survivor.

Another challenge we have is that our campus services are available during business hours, 9 to 4:30. Our counselling services and our health services are all restricted to our business hours. Those incidents, of course, never happen between 9 and 5, so our 24/7 operation becomes one that is necessary. Increased training and availability of people after the regular business hours would be something that would be quite helpful.

1120

Our after-hours services within the city of Greater Sudbury are quite well, but that means that our students have to leave our campus, which is basically their home and where they're feeling most comfortable.

That's some of the gaps and some of the challenges we're being faced with at Laurentian University. I'll hand it over to Dr. Johnson.

Dr. Jennifer Johnson: Thanks, Nicole. I'm going to follow on Nicole and Erik and Lise's points, and I would like to leave you specifically with some questions that we have for you as a committee, and also some problems that we are just hoping might be solved or partly have solutions as a result of the process that you're working through on this committee.

I do want to note that we have, I think, a pretty interesting, dynamic and vibrant discussion going on at Laurentian at the level of administration and within some student organizations. We're at the beginning process of really talking through how we're developing policy as a result of what your committee is doing and the other changes that are coming from Kathleen Wynne's government around the sexual violence policy and proposals that have recently been released.

We fully intend to continue to support and work with our community partners. We're developing some of those relationships newly; others are existing but only within certain parts of the university. So when we're talking about sexual assaults crisis support at Voices for Women downtown; or if we're talking about Shkagamik-Kwe Health Centre, where some students might feel more comfortable going to, as an aboriginal health service, for instance, than maybe other health services, and developing those types of relationships and conversations, we know that we need to do those things and to continue on where it's been working.

In whatever we develop in terms of policies on sexual violence, we'd like to address this issue as it intersects with other aspects of our community's identity, recognizing that a lot of students are travelling quite far from home; that this is a racially diverse population of students, staff and faculty who do experience racism in our community; and that reporting is an additional challenge.

I think of one student I have, in particular, who wears hijab and experiences racial harassment on a daily basis on campus in the city of Sudbury. Her experience of sexual assault was greatly inflected by knowing that—or that she feared she might experience stereotyping about the type of family she comes from, in addition to her experience of sexual assaults in the community. We want to be aware and sensitive to those issues.

The questions we would like to leave you with, the problems and challenges that we hope you will work through in your research and policy-making, include some of the following:

We'd like to ask how the committee envisions policies on sexual violence being distinct and separate from existing policies at Ontario universities, having to do with human rights codes or policies, for instance, on violence in the workplace, which are part of employment standards and so on. What is it new that we need to produce that will satisfy the discussions that we're having?

What are the university's obligations—and I use the term "university" writ large—in the interim of a report of a sexual assault and prior to the outcome of a criminal investigation? If a criminal investigation is to be carried out by the police, for instance, and then a conviction results, what are the obligations of the university community in the interim? Nicole has talked about some of the measures that can be taken around restricting privileges and so on, but in the nuts and bolts, when a sexual assault is alleged and there is a complainant and a respondent, something needs to happen with both of

those people. Sometimes there are resources needed to be directed at that. We need some guidance, direction and some ideas from you about what you're hearing and what might be proposed, as well as, eventually, the legal obligations for all parties involved there.

What are, for example, the university's obligations to manage a relationship between a respondent and a complainant in the interim of a police investigation? How does the committee recommend supporting someone who has to respond to such an allegation? In policies—and we've surveyed our own and looked at others from other universities—there's frequently little reference to how the university's relationship is to play out to a respondent. If you can imagine you were accused of a sexual assault, you or your supporters would want some sort of procedure to follow. The idea that the university has to be judge, jury and executioner is problematic, so dividing ourselves up as services versus supporters versus people deciding what's going to happen in a case of sexual assault is a murky area. And I know we're not the only university that will have to deal with that.

A couple of more questions: How does the committee envision supporting a staff/student/faculty member who alleges an incident but who does not want to respond to the police? Are you looking at expanding the scope of what universities should be doing to respond in those particular cases; that is, if someone does not report? What will the committee be recommending to post-secondary educational institutions that have multiple hiring units or multiple constituencies, such as universities that are federations? Laurentian University is a federation: Laurentian University, the University of Sudbury, Thorneloe University and Huntington University. Our students might live in residence. They might take courses on any part of the campus. They might be in Barrie, as well. We're looking at universities here as complex institutions that have multiple hiring units.

For example, if I sexually harassed a student in one of my classes that happens to take place at Thorneloe University, where does that student go, and where is the obligation for universities to respond? Can the student report that to Lise's office, the office of human rights, or parking and security? Or should the student report it to the person who happens to pay my salary, even though I teach for Laurentian University? You see how complicated it can get very quickly.

We also want to ask the committee generally what your next steps are. Given the volume of existing material on these topics—40 years of academic research on violence against women, gender-based violence and sexual harassment—I know it's big, but there's a lot of literature out there. We're curious to know what you're reviewing and how you're using prominent academic research that's currently going on, in addition to the volume of research that's been compiled by the Ontario Women's Directorate and the large range of updates that have already been made to those reports in terms of recommendations.

With that, I'd like to thank you on behalf of our entire committee. We wish to thank you for your time today.

We really look forward to the results of your consultation process and we're happy to entertain any questions that you have of us. Thank you.

The Chair (Ms. Daïene Vernile): Thank you very much for your presentation this morning. I would ask the committee members, if you do have questions, to raise your hand, because I'm having a little difficulty knowing who wants to speak.

Our first questions come from our third party. MPP Gélinas will speak to you.

M^{me} France Gélinas: Before we go more deeply into the questions that you've asked us, I just wanted a point of clarification, and that has to do with—you have a way of explaining to complainants what will happen if you convince them to go to Health Sciences North, what will happen if they go to the ER. Can you share that with me?

Ms. Nicole St-Marseille: Our knowledge of the emergency department is that, presenting at the emergency department at Health Sciences North, within 20 to 30 minutes an emergency sexual assault crisis nurse will be called, so you don't have to sit in the emergency department waiting for consultation. That happens at triage. Then the nurse on call will attend the hospital and provide a number of services. Evidence can be collected and stored by the hospital—I believe it's for six months, if I'm not mistaken—in the event that that person decides that they want to change their decision and pursue it through the criminal justice system. They have access to counselling services. They have counselling available for them, both at the hospital and off-site. They can provide antiviral medication in the event of exchanges. There's the morning-after pill which is available to them as well. So there's a variety of resources that are available through the emergency department that are much quicker than what I think most people would assume is going to happen if they report to the emergency department.

1130

M^{me} France Gélinas: When you did your opening comments, you made a point of saying how diversified the student body is at Laurentian. What happens if this person is not from Ontario and does not have OHIP coverage?

Ms. Nicole St-Marseille: I believe our student insurance covers all of that. It's part of their ancillary fees. As a student at Laurentian University, they get insurance coverage as part of what anybody else in Ontario would receive.

M^{me} France Gélinas: You know that for a fact, or you think?

Ms. Nicole St-Marseille: I'm pretty sure that that would be covered.

Mr. Erik Labrosse: Yes, the Students' General Association has a health benefits plan, and I know that our international students also have a plan. I'm not sure on the particulars of our international students, but I know that they do have access to health benefits when they're accepted in a university or when they're students at Laurentian or any other institution. It is something that's part of their conditions of becoming a student in an Ontario university.

Dr. Jennifer Johnson: That is a good question, though. This is sort of a semi-related issue, because I have heard from students who have sought abortions, for instance, that that's not covered. International students have to lay out \$3,000 or \$4,000 if they need an emergency abortion. That wouldn't necessarily be the case for someone who's reporting a sexual assault immediately, because they would have access to the morning-after pill.

That would be a question that I'd like to take back for a longer process—insurance coverage. I think that what you're saying must be correct in terms of the basic health insurance they have to have in order to come and study, to be accepted.

Mr. Erik Labrosse: I did have that question with our international students' team in the last couple of weeks, so I know they have coverage. But like you said, there might be parameters to that coverage. Maybe it doesn't cover everything. I think that probably, in part, answers your questions.

M^{me} France Gélinas: Basically, yes. Most of those who come from outside of Ontario will have coverage simply for physician visits. Most of what's offered through the programs at the hospital, we were told this morning, happens through nursing services, not a physician's billing code, which means that most of those foreign students would end up paying out of pocket if the hospital decides to charge. I have no idea what is the relationship between your organizations and theirs.

It was just an aside, before we go into—I will let her go first, and then I'll finish.

Ms. Peggy Sattler: Thank you very much for that comprehensive picture of what's happening on Laurentian U campus.

When the Toronto Star did the story about sexual assaults at Ontario universities, we heard that there were only four Ontario universities, I think, with stand-alone policies. Was Laurentian one of those? So the processes that you've developed have been incorporated into a variety of the policies that you spoke to.

The Ontario Women's Directorate: You mentioned the research that has been done already. The Ontario Women's Directorate had produced a guide to dealing with sexual assault on university campuses. Are the recommendations from that guide all reflected currently in the policies that you have in place? Have you done this cross-reference to the guide to see what the gaps are and what you still should be looking at?

Dr. Jennifer Johnson: I would say not necessarily. I think that many of the elements are there, because I think a lot of the people who have worked on these policies—the existing policies—over the years are in tune with that literature. I'd have to review them specifically to see if they dovetail in specific areas.

But these are a tremendous resource. As we move forward, we're at the stage of really pulling together the parties on campus who should be involved in further discussing and evaluating what we're doing with our policies. We're also at the stage of trying to figure out which community partners would be best to work with and have more conversations with, as we move forward.

For example, there are academic discussions going on at the same time. There's a professor in political science who is looking to hold an annual panel and discussions about sexual violence. In preparation for that, a number of us reviewed some of the Ontario Women's Directorate—the more recent ones, to see what's being discussed there. We would plan towards having those discussions simultaneously.

Ms. Peggy Sattler: Okay.

The Chair (Ms. Daiene Vernile): Thank you very much.

M^{me} France Gélinas: Really?

The Chair (Ms. Daiene Vernile): Did you want to get one more question in? Sure. Go ahead.

M^{me} France Gélinas: I thought we had double the time because they had two together.

The Chair (Ms. Daiene Vernile): Go right ahead.

M^{me} France Gélinas: Thank you. I'd like to know if you are able to see trends. Laurentian has been very proactive in that area for a number of years, and I congratulate you for that. Are you able to see if more people come forward, if more people agree to press charges or to go to the hospital? Are you seeing a trend, as in it happens less and less? Can you speak to this? Because you've been doing that work for quite a period of time.

Ms. Nicole St-Marseille: I think our numbers are pretty constant year to year. I haven't seen any increase or decrease. I've been at Laurentian University in this capacity—as the assistant director and then the director—since 2004, and I haven't seen increases or decreases. It's pretty much flatlined with the number of reports coming through to my office.

M^{me} France Gélinas: And—
Interjection.

M^{me} France Gélinas: Sorry. Go ahead.

Ms. Lise Dutrisac: I was just going to add that my office deals with sexual harassment as well as other types of harassment and discrimination, and the numbers have been constant as well. Laurentian is a very—it seems that people are getting it that harassment is not okay. The numbers have been constant as well.

Dr. Jennifer Johnson: Having said that, we conducted a survey on the climate for lesbian, gay, bisexual, trans and two-spirit people on campus three years ago. Just over 400 people participated in that survey, so in a population of about 9,500 it's statistically valid. We found that, among all of those respondents, one person reported an incident of violence against them, and that was on the basis of sexual orientation and gender identity. So although that was upsetting to find that—the low-grade homophobia and transphobia, if you will, was there. So we know we have those types of intersecting issues to look at.

The other thing that came out of that survey was that, when people read “gender identity” in the survey, they understood that to mean being male or female. We were talking about people transitioning from male to female or female to male, or perhaps being in between, but a lot of female respondents read that as sexual or gender

harassment, so that raised an issue of where people might not be fitting into saying, “Well, actually, I've experienced harassment. I want to go to that office and make a report.” That's where some of the grey area came up, and that's where we need to take some action, even as our numbers have remained constant.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions will come from MPP Anderson.

Mr. Granville Anderson: Thank you very much for coming. I must commend you on how proactive your university has been in facing the challenges that you face with sexual violence and racism within the campus. Again, well done.

You alluded to the fact that you have a number of students from diverse communities and foreign countries such as China, Saudi Arabia etc. Would you tend to find students from various cultural backgrounds more reluctant, depending on the culture, to come forward or to report sexual violence, or any other kind of harassment, because of a cultural thing and the stigma that would be associated with doing so?

I'm going to compound the second point I wanted to ask you. Foreign students, international students: Would there be more reluctance on their part to come forward for fear of repercussions, of being sent back or expelled from the school etc.? I don't know who wants to talk on that first.

Ms. Lise Dutrisac: Well, I could speak about the office of human rights. It's difficult to determine the numbers and whether or not there is some reluctance. What I'd like to add, though, is that, for our international students, we do have an international office. I've noted that if there are complaints from one of our students in the international group, it will come through the international office. Perhaps that speaks to what you're saying, that there's a bit of reluctance to come directly. Sometimes it's also possible that they may not be comfortable in the language to be able to do it on their own, but they do have the support from international services. But I can't answer as to whether it's more challenging for them than for others because I have not kept stats such as that.

1140

Ms. Nicole St-Marseille: Neither has my office, but our international department on campus is very supportive and they're available a lot. I've talked about the 24-hour-a-day services being available, and where there are gaps, Laurentian international does a really good job at making sure that people have contacts in the event of situations. The few that I've seen have come forward with the assistance of the international office.

Mr. Granville Anderson: The second part was, based on culture, would there be a difference, because of their cultural background, in someone coming forward?

Dr. Jennifer Johnson: That's a really good question. It's one of the questions that in women's studies we talk about a lot: What are the restrictions, for instance, within particular religious communities and so on? From my

experience in talking with students and talking with students who have been through sexual assaults—we're not talking about faculty here; there's a whole other range of people as employees who might still face these issues. In one case I heard of recently, the student absolutely did not want her parents to know. I could see a student of any racialized background or any ethnicity or any religion potentially having that concern. She did not want her family to know. She did not want her friends to know. She just absolutely wanted to bury the incident. I think that that is an issue that potentially affects just about any group, any cultural, religious, racial or ethnic group, although it's an important question and it's something that I would put on our list of things to think and talk about.

Ms. Nicole St-Marseille: I'm going to support that. That has come forward a number of times: "I don't want my parents to know about this." I think it's an educational component of transitioning from being a high school student, where mum and dad might get a phone call at home from the principal's office, whereas once they're in a university or college environment, that doesn't get included. And so it's not widely known that they're a young adult now and their choices are their own choices and they get to make those decisions. I've heard that repeatedly as well.

Mr. Erik Labrosse: I was just going to say, I've been in my job almost a year and one of the things that I've been learning when I speak with students—because I think all four of us talk to students on a weekly basis and have some of these difficult, courageous conversations—is that there are a lot of entry points for students to access services. One of the entry points is our aboriginal student affairs team, which has elders, and which is a resource not just for our aboriginal students but for everyone. I think that we have to think more comprehensively about how people enter, ask questions and get support or start that process of asking difficult questions or reporting something that might have happened to them. I think the elders are part of that solution.

Mr. Granville Anderson: Thank you.

The Chair (Ms. Daiene Vernile): Thank you. A question now from MPP Lalonde.

M^{me} Marie-France Lalonde: Bonjour à tous, et merci d'être ici.

Thank you for being here. What I'm hearing is a lot of discussion and a lot of questions asked to us. But I would like to ask you some questions based on some of your expertise. We've talked about the university and what's happening on the campus, but I would like to bring it maybe to a more general aspect. When we think about sexual violence and harassment—I'm not sure who I should direct this to, maybe Lise—what are some of the root causes, based on your experience or your approach or people telling you of this very difficult thing which is sexual violence and harassment?

Ms. Lise Dutrisac: It's difficult to pinpoint the root causes. I think some of what has been said already—the population that makes up Laurentian, that individuals are

coming from perhaps smaller, rural areas, and there may not be as much information. For example, some of the language that you may hear, that's the starting point, and not necessarily just at Laurentian. If you look around in the community, one of the examples that I can give you is where a young man is using the expression a "wife-beater shirt"—you know, those shirts without sleeves. So I say to him, "Why would you say that? That language is not appropriate"—utilizing that, but recognizing as well that they may not recognize it themselves. You need to bring to their attention that it's not only the act, it's also the language.

In terms of root causes, it's difficult to pinpoint. I think there are various causes. When an individual comes to my office, all I can do is be able to help that person out. As we pointed out before, there is still the reluctance to go forward. Part of it, I think, is that they need to be identified, and there's still a stigma around that.

I'm happy that this committee has been struck and that we'll see results, because the other thing I think is important is that it's not just up to each university to talk and to say that it's not okay; it's good that the whole community, the province—all of us—are saying, "No, it's not okay. We need to talk about this."

The Chair (Ms. Daiene Vernile): Yes, MPP McMahon.

Ms. Eleanor McMahon: We have time, Madam Chair?

The Chair (Ms. Daiene Vernile): We do.

Dr. Jennifer Johnson: I will respond—

Ms. Eleanor McMahon: Oh, sorry. Forgive me.

Dr. Jennifer Johnson: No, not at all. I'll respond briefly to that. My entire field of study, women's and gender studies, actually, has come up with many possible answers to that question. But speaking to the university environment, I will just highlight a couple.

One of the things that makes sexual violence possible is a lack of options. When you get that feeling of, "Hmm, something's not quite right," in this relationship or this situation or this interaction, we all need options. We need options to leave. We need options to be able to get on the bus and go. We need options to be able to call a taxi and leave. If you're living in a student residence and something's not quite right with your partner, where are you taking your kids, when you're an international student? So options, money, not being able to take action in the way you would when you feel like something's wrong—that's a limitation. It can be both a source and also something that exacerbates a problem around sexual violence.

The other thing I wanted to point out that might be specific: We had a conference not too long ago called the Classroom Closet. Again, it was for LGBTQ high school students. We have a sexual health educator come up. This is through a community organization called the Réseau Access Network. That sex health educator comes and talks with 200 high school students, and the one thing they always say our students here in Sudbury and from around the region ask the most about is consent: "How

do I know if I'm consenting? How do I know if she or he is consenting?" I know we have a new high school curriculum, but I think that issue follows us into university. I don't know if it's specific to our region, but it keeps coming up.

So that's another issue: consent. How do I know who's consenting and why? Two issues.

The Chair (Ms. Daiene Vernile): Okay. If you can ask a really fast question with a fast answer.

Ms. Eleanor McMahon: I'll try. I'll speak quickly.

Building on your comments about consent—sorry if I missed this—do you train your students throughout the year? Do you have seminars for students during freshman week, for example? Are you constantly doing that, I wondered. Second, do you follow up with surveys and ask your students, "Do you have what you need? Are the things in place? Is there an awareness around consent?"

A couple of fast—that's as fast as I could do it, Madam Chair.

Mr. Erik Labrosse: So I guess you need a fast answer.

In our presentation today, we shared what we do, but we also identified some gaps. We were quite transparent about where we think we should improve. The orientation piece—what happens when somebody comes into first year—is one of the places we absolutely need to improve, because orientation is all year. It's not just the first five days; it should be happening throughout the entire year. What we're talking about today as well as other issues around mental health, around [inaudible] those kinds of things are things that we're building into our orientation, making orientation more of a year-long process versus just what happens in the first couple of days. So that, in part, answers some of those questions.

1150

I'm just going to put my health promotion hat on. We're talking about this, and you can see that we're having similar conversations just between the four of us, the students and everybody else. We're also talking about things like mental health. What we're finding out is that a lot of the skills, a lot of the things that we can do and teach them to protect themselves, apply to how you manage an unhealthy relationship or how you handle anxiety, stress, resiliency etc. I think what we're thinking about as a campus strategy is what are those things that we can do? What are those skills that we can give students during that orientation, during those first couple of weeks and at different times throughout the semester—it might be January—that help protect you and give you the skills to manage all of those difficult decisions, things that might happen to you—

The Chair (Ms. Daiene Vernile): Thank you very much. We have some final questions now from MPP Hillier.

Mr. Randy Hillier: Thank you very much, Chair. This question is going to be more directed to Dr. Johnson, I think. I want to just start off by focusing on this reluctance to report. If I heard right, you are the dean of women's studies?

Dr. Jennifer Johnson: I'm a department chair, so I'm an academic and I have an administrative role.

Mr. Randy Hillier: Okay. On reluctance—and we recognize that there is that shame component; we've heard a lot of that through this committee. But when I look at this, over the decades there have been a lot of new programs. Shelters are new, over the last few decades, and counselling services. I see a lot of things at the university here as well: the confidentiality; there's not the obligation to report. A number of different things have been put in place, but we still remain with this reluctance to report. We are clearly still missing out on some of the options or choices. There's some key elements missing here.

I think it's pretty much accepted, from what I've seen, anyway, that most of the sexual assault evidence is that these happen with people who know one another, and that there is an imbalance in the power within the relationship or the authority within there. I'm just asking you, from your career in speaking and studying women's studies for a period of time, what other options or choices—or what else is missing here—that we can improve the probability that people who have experienced sexual assault will actually come forward? If you can enlighten us or give us your thoughts or ideas. What happens if that discussion has come up in the university? What are the things that you might be looking at?

Dr. Jennifer Johnson: I'll give you a couple of points and if anyone else has material on this, please jump in. One of the things that comes back to me over and over again is that when young women, in particular, experience sexual assault, many are reluctant to admit that they were vulnerable. Because we have so many institutional rights, liberties and freedoms as citizens, and we've gained all kinds of equity in certain areas, it's almost as though that has allowed for an illusion that we should be impermeable to things like sexual assaults, harassment and so on: "I'm a strong person. This shouldn't happen to me, right?" That becomes a barrier, the kind of, "If you call someone on it, all of a sudden you're a victim." And nobody wants to be a victim, right? That's a powerless place to be. So that culture around lessening the culture of shame around sexual assault, where pretending that once someone has been a victim they can never be a survivor—that's a problem. It's a larger cultural shift that has to happen, but I see that's one thing that young women, in particular, are struggling with.

For men, as well, who are sexually assaulted—I saw one the first year I worked here, a young gay man who went to southern Ontario for services because at that time, he couldn't find, or felt there weren't, services in the city. He was sexually assaulted by another man. So to admit, as a man, that you had become a victim in that way was culturally unacceptable.

The other piece I want to come back to is specifically around racism. People of colour, women of colour, indigenous people in our health care system, probably in our larger education system—it's difficult for communities that have already experienced a ton of marginalization to then add on another layer. I'm not going to speak for those groups of people, but that is something I see

over and over in research and in the conversations in the community.

Mr. Randy Hillier: Have you been looking at the imbalance of power in relationships? What other elements could we be looking at to provide for consequences that would mitigate—or what things we might be able to do in those relationships to mitigate—the imbalance? Because we see it everywhere, whether it's in an academic setting or in the workplace, wherever it may be. There are relationships and there's differences in power. So I'm just wondering if there's anything that you've been looking at in the academic world that might be able to be employed to mitigate that imbalance.

Dr. Jennifer Johnson: There is a lot of focus and research on entitlement and privilege amongst men specifically. As the parent of three little boys looking at how do we raise young men to understand that women are entitled to their bodies and that whatever your sexual relationship, that every partner is entitled to say no at any time, to consent at any time—that is some of the research that's most exciting to me, discussions with young men about how to really understand what consent is.

That's one of the reasons why we raised the issue of consent. That's an ongoing discussion that happens as we're adults and into older age. We still have sexual relationships after 35. Thank goodness, right? But those issues of consent can always come up at any age, so it starts when young.

I do want to come back to that issue of resources. When you're negotiating relationships where you make less money, you can harness fewer resources. I'm just thinking of another particular case, a student who became homeless after being abused by a parent. She couch-surfed for a week—but three more days and she was basically on her own. She was living in people's homes, male friends where she was approached and nearly sexually assaulted once and the second time she fended off—it's just beyond reason that someone who is in university and has other resources but not actually the money in hand to go and do something, that that could still happen.

Resources and equity within people's relationships—so you're looking at employment equity. You're looking at the male dollar versus the female dollar, the wage gap. You're looking at those larger issues. I know they're big and broad, but, trust me, they all feed back into people's ability to consent within their intimate relationships. They do.

Mr. Randy Hillier: Thank you.

The Chair (Ms. Daiene Vernile): Thank you, MPP Hillier. To the faculty and staff at Laurentian University, thank you very much for coming and informing this committee. Your insights will provide us with lots to write about when we make our recommendations.

This committee stands recessed for one hour. We are back at 1 p.m.

The committee recessed from 1158 to 1300.

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. The Select Committee on Sexual Violence and Harassment now continues this afternoon in Sudbury.

RÉSEAU ACCESS NETWORK

The Chair (Ms. Daiene Vernile): I'd like to call our first witness for this afternoon. Stephanie Harris, can you please come forward and join us?

Stephanie, just have a seat in front of the microphone that has the red light. You will have up to 20 minutes to speak to our committee, and that will be followed by questions from our committee members. Please begin by stating your name.

Ms. Stephanie Harris: My name is Stephanie Harris. I'm the women's HIV/AIDS community development coordinator at Réseau Access Network. As a result of my work, women's issues have become quite a passion of mine in all of the work that I've done in the community—so has HIV, but women's issues are really at the basis of it all.

From what I've gathered, you've heard a lot of really awesome things this morning about issues surrounding sexual assault, so today I wanted to bring a little bit of a different perspective. I'd like to focus my talk on the need to further educate and challenge social norms, systemic discrimination and social justice around issues around sexual violence and harassment among women.

At Réseau Access Network, in supporting a woman, we offer a multitude of services, including direct client services for people living with hep C and/or HIV, as well as education and prevention work. Where most of my work happens is in the education and prevention department. In this area, we try to challenge issues that increase the risk for HIV among women. This includes sexual violence.

Our agency offers a woman as much support as we can, by assisting her through some of the challenges around stigma and discrimination due to her HIV status. We support her HIV-related needs.

We make referrals and advocate on behalf of our clients, as needed. This includes partnerships with agencies that specialize in addressing violence against women, as well as specialized services for sexual assault.

There are many services in our community, as you heard this morning and probably will continue to hear later on, that have been amazing in supporting women through their journeys. I'm fearful that if there's a lack of sustainable funding these services will not be as easy to access. That's a really important point that I wanted to add in there.

How do we challenge sexual violence and harassment? As I experience the world I live and work with, I have come to understand that this is not just one issue. It's a complex web of issues stemming from social norms and beliefs, gender roles as portrayed by various sources, and the systemic discrimination that continues to oppress women in many ways.

To truly get a good understanding of the things that need to be addressed, here are a few things that I feel need to be recognized:

—the consequences of colonialism on aboriginal women, and identifying and acknowledging our own social position within this context; as an example, really

gaining a good understanding of our white-privilege status;

- the structures that exist in society which continue to oppress women and place women at a disadvantage economically, financially, socially, physically and even emotionally;

- the factors that come into play around child care and custody issues for women, and what that means for her and her family's survival as well as her recovery and overall wellness;

- the effects of low-paying work and the impacts this has on her and her family;

- how gender norms and social expectations affect a woman and how these impact her self-determination;

- single parenthood, and all the challenges that brings for some women;

- that a woman trying to get ahead is forcefully thrown back into the margins of society because of the social structures and barriers that prevent her from moving ahead; for example, the multi-level stigmas and discrimination that women continue to face and experience around many complex issues such as mental health, addictions, chronic illness, culture, religion, or discrimination on the basis of race, ability, HIV status etc.; and

- the cost of post-secondary education, the cost of child care, the cost of medical care and the cost of medications—if a woman is sick or her child is sick and she can't afford to buy medications, that puts an extra burden on her.

A lot of these things are inaccessible for the working poor. The criteria and expectations for most social programs—OW, for example, and the minimum wage would fit in that as well. How can a person on limited income who can't get a loan go to school, get child care if she has children, work and parent all at the same time? If she gets a loan, we need to understand the impact that has on her and her financial stability in the future. We need to challenge these structures.

Affordable housing: Why would a woman leave an abusive situation if she risks being homeless? Sure, there are shelters. Those are usually temporary fixes, so we really need to look and challenge those. I could go on and on.

I realize that these points are very specific in nature, but are also very overarching in nature. That's the point that I'm trying to make. The work needs to begin at looking at the disadvantages that women have by challenging social norms through education and prevention work, all the while looking at the systemic issues the government perpetuates by not looking at the root of the problem.

Poverty is getting worse. More and more people are falling into the category of the working poor, and who do you think will be the first to get there?—minority groups, marginalized groups and women. A young woman who has no place to go—for example, because she isn't able to make enough money and her husband evicted her on the basis of her HIV, which is common among my clientele—will often fall to the streets and couch-surf for

survival, which is a huge risk factor for sexual violence and HIV.

We want to end this cycle of oppression and sexual assault among women. We must first take a look at our general attitudes about this and challenge stereotypes and norms we have supported through generations and generations. Creating social justice for women involves a profound restructuring of society and of the way that people think about and experience the world.

By stressing that the personal is political, the women's movement has made the social equity of women a public and not merely a private problem, so we must look at moving ahead with these issues. We must remember what the 1960s movement was all about: creating a just society for women, which means the elimination of sexism in all areas, particularly in the legal system, the organization of social production and the perception and treatment of women's bodies in the arts, sciences, religion, education and the mass media.

We need to look at how the current system revictimizes women when they do speak out. For example, women living with HIV are more criminalized than ever before because the current judicial system itself isn't very clear about the laws on sex and HIV. HIV disclosure is not as clear-cut as the law makes it sound. So what I'm saying is that we need to consider how the judicial system itself can be revictimizing.

We need to develop a better structure for service provision for women who request support—collaborative, holistic, client-centred care where privacy laws are reviewed within these contexts—but that must also include sustainable funding.

I'd like to conclude that I'm a little disappointed that we're here today. This has been done four years ago. There was a document that was put out as a result of a conversation similar to this in nature, where they were asking people for their general thoughts and beliefs around issues of sexual violence. I googled to see if there was anything out there, and I found two documents, actually: *Changing Attitudes*, *Changing Lives*, and then a progress report that was put together two years later. The answers you're looking for are right in here. I don't feel that you need to be here today when you have the resources right in front of you that you could potentially just rely on and build from to continue the work that has already been done. I just wanted to throw that out there.

There are also a multitude of other resources available. For example, the Ontario Women's Directorate is leading a working group on this issue. Connecting with them, you may be able to find some strategies.

Interjection: We are.

Interjection: We have.

Ms. Stephanie Harris: Okay, great. Good.

A Strategic Framework to End Violence Against Aboriginal Women: another document worthwhile looking into.

Interjection: We are.

1310

Ms. Stephanie Harris: Good. The Promoting Healthy, Equal Relationships campaign; Kizhaay Anish-

inaabe Niin, the I am a Kind Man campaign—because some of the work that we do around ending sexual violence is not just a women's issue. We need to involve men as well, and there are already a lot of established core groups that could help with that. We need to engage our young men in ending violence against women, whether it's physical, emotional, sexual, whatever.

The White Ribbon Campaign—same idea. I love their talk about the man box and helping people think outside of the norm of how men should behave and treat women.

Le Centre ontarien de prévention des agressions are also implementing an online social media campaign, another campaign worth looking into: "It starts with you. It stays with him." "Ça commence avec toi. Ça reste avec lui"—another really awesome campaign.

A last one that I was able to find is Ontario's Equity and Inclusive Education Strategy.

There's a lot of really good work happening already, and I feel that you being here today is kind of just restarting that cycle where—

Interjection.

Ms. Stephanie Harris: I'm glad to hear that, but from the perspective of someone who works in women's issues, I just have a really hard time having a discussion with you when the work is already being done. Instead of having these conversations, I feel like potentially you could look at the documents and put out another progress report talking about how you're furthering the work that's already being done.

In line with that I've been talking about, this is an Australian document that I found that I was really interested in. It's called Advance Australia Fair: Addressing Systemic Discrimination and Promoting Equality. It's a really good document on the strategies that their government has taken on to promote equality within their own government. I realize their laws are different, but it might be a good framework to follow in terms of addressing systemic discrimination.

That's all I have. I didn't take the full 20 minutes.

The Chair (Ms. Daiene Vernile): Ms. Harris, thank you very much for your information. We're going to give you some questions now. We'll begin with the government side. We have questions from MPP McMahon.

Ms. Eleanor McMahon: Thank you for your presentation. I hear the frustration in your voice. I think you heard some of the responses today. We are connected to the Ontario Women's Directorate. All this stuff emanates from us, so it has been a building block to where we are now.

Just to say something that may seem obvious, the conversations that were started in the fall with issues like Jian Ghomeshi are indications to us that at a societal level we have some systemic problems.

Ms. Stephanie Harris: A lot to do.

Ms. Eleanor McMahon: Yes. I do want to ask you a question in a moment, but also give you one more piece of background, if I may. The documents that you reference—way to go; you've done wonderful research—

were the building blocks for our health and physical education curriculum that was just released.

Ms. Stephanie Harris: Great.

Ms. Eleanor McMahon: Yes, just so know. We sympathize; navigating government is complicated, and sometimes understanding how these things all fit together is challenging—so just to reassure you that they are connected and that we know them and we appreciate your observations.

Ms. Stephanie Harris: It's mainly frustrating for us service providers who try to work with these women in addressing some of these barriers, we'll call them, when we really have no control over the way things are being handled systemically. We can give them a voice all we want and we can advocate for them all we want, but at the end of the day, we're not in control of what happens after and beyond that.

Ms. Eleanor McMahon: That's what we're here to hear about from you today. Talk to us about the systemic pieces and why we're in a society where victims of sexual violence and harassment still don't feel safe to come forward. Can you talk to us about your observations around that, and then give us some advice as to how you think we could begin to address that?

Ms. Stephanie Harris: Well, I did speak to that in my speech a little bit, around the media and the gender norms and all of the social roles that are forced on us from early childhood—even when you're looking at the blue and the red. When you go to the toy store, there's a girl department and there's a boy department. So even just in nature how the gender roles are defined by society is a problem.

In terms of women coming out and reporting instances of sexual violence, the judicial system itself is very revictimizing, where the perpetrator has rights that a victim doesn't. At the end of the day, if a woman has to retell her story a million times and has to defend her story and prove that she was sexually assaulted, it's too much work. As a woman, I probably wouldn't do it either, because it's frustrating. It's a very frustrating system, and so a lot of women aren't coming forward because of that reason. They don't want to rehash everything and relive their experience over and over again and have to find somebody who could defend them enough to get enough proof to suggest that it did happen, or to prove that it did happen, where the male perpetrator gets a slap on the wrist and walks away at times. That's very frustrating for women.

Ms. Eleanor McMahon: It is. As overwhelming as this might sound—because I can concur, and as we all do with your experiences—can you maybe distill a couple of examples for us of things that we could begin to address? I know there's a long laundry list, but are there a couple that really stand out for you in terms of priorities that we could begin to address? Because it is a wheel. It's the judicial system. It's the law enforcement pieces. It's the revictimization.

Ms. Stephanie Harris: It's bigger than that, though.

Ms. Eleanor McMahon: So please share with us.

Ms. Stephanie Harris: It's bigger than that, because, again, part of the problem is the way that women are

being portrayed, whether it be in the media, whether it be in society. It's the way that women are being portrayed.

I was talking to some folks earlier, and I was giving some really concrete examples of what young girls face. Some people were like, "Oh, my God. That happens?" Yes, that happens. I don't think it's a safe place for me to be very descriptive, but it does happen. But, at the end of the day, it's really the systemic nature of how women are perceived in society.

How do we change that? Education. Prevention. The campaign strategies that already exist—let's adopt them on a national level. Let's actually have commercials or have programs in schools, have programs in society.

There's a lot of community work being done—for example, the Coalition to End Violence against Women. We do what we can on a community level. There's the domestic violence youth group. We're putting together a youth mentorship program for males so that they can learn a little bit about gender-based violence—and it's kind of the equivalent of the Power of Being a Girl, run by the YWCA.

There's a lot of work being done on a local level, but it needs to be bigger, it needs to be better and we need to reach out to more people. How do we do that? What are people accessing the most? The Internet. They're watching TV.

The Chair (Ms. Daiene Vernile): Thank you very much. We're going to take some questions now from the opposition. It is going to be MPP Hillier.

Mr. Randy Hillier: Thank you. I just wanted to get some clarification. You mentioned some reports, and I didn't get the name of those reports. If you could tell us what those—

Ms. Stephanie Harris: You mean these ones here?

Mr. Randy Hillier: There were two of them.

Ms. Stephanie Harris: So it's Changing Attitudes, Changing Lives: Ontario's Sexual Violence Action Plan.

Mr. Randy Hillier: Okay, and the subsequent one was a progress report?

Ms. Stephanie Harris: Yes, it was a progress report. One was written in March 2011 and the other one in June 2013.

Mr. Randy Hillier: Okay. Thank you very much.

Ms. Laurie Scott: If I could ask, I'd like to hear some examples, if you could share. Just pick a woman who has come in, and give an example of some of the barriers, and maybe if you knew in the judicial system—the action plan does speak of changing the judicial system so cases are sped up, if you think that will help.

Ms. Stephanie Harris: I'm not an expert in the judicial system.

Ms. Laurie Scott: That's okay—

Ms. Stephanie Harris: I'm a community development coordinator, so the majority of my work is in prevention and education. These are just things that I'm hearing from clients who are faced with these dilemmas.

Ms. Laurie Scott: That's fine.

Ms. Stephanie Harris: What I can tell you, though, is that particularly with our clients who are living with

HIV, just living with HIV alone has its own barriers. Going to the hospital, often they are told, "Sorry. I can't help you." They're being turned away because of their HIV status. Oh, yes. This happens all the time. They're discharged early before even they're better in terms of their health, and half of them don't have an address. They say, "Okay. Here's a cab. Go home." Well, for some of our clients, their address is our office. If they're going to the hospital to address any issue, and they're completely discriminated against because of their HIV status and then they're told to go home and their home address is our office and we're closed on a Saturday, where do they go? So they often find themselves in a situation where they have to find a place to crash. They go couch-surfing. They ask their buddies, they ask their friends, "Can I stay at your place?" Oftentimes that doesn't come without sexual favours. So discrimination is a huge part of that, for sure.

Ms. Laurie Scott: So in the health care system, you're saying they're released early because of HIV, or not dealt with appropriately.

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Ms. Stephanie Harris: It could be for many reasons, but yes. I mean, it's not all the time; it's not every doctor. But for our clients, that is a reality.

Ms. Laurie Scott: Okay. You mentioned before the revictimization. We all totally agree. It's part of our mandate to look at that. Have you heard, or have you seen, anything that you could add to that system that you see as a barrier, that we should look at?

Ms. Stephanie Harris: I'm trying to keep it related to HIV, because that's the population that I work with.

Ms. Laurie Scott: That's fine.

Ms. Stephanie Harris: The only thing I could tell you is, when it comes to the justice system, and even in how laws are written around HIV and disclosure, the law itself is not very specific. The law states that if your viral load is undetectable, you must wear a condom, and you don't have to disclose. But if your viral load is not undetectable, you must disclose and you must wear a condom.

What happens if the condom breaks? What happens for anal sex? What about oral sex? The language around how the policy is written itself is a challenge, because if a woman chooses not to disclose her HIV status and has sexual intercourse with someone and the condom breaks, is she then responsible for telling them that she's HIV-positive? She did wear a condom, but she could be criminally charged with aggravated assault.

Ms. Laurie Scott: And has that happened? Have you seen that happen?

Ms. Stephanie Harris: Oh, yes. There was a case in Barrie not that long ago.

Ms. Laurie Scott: A case—sorry, where?

Ms. Stephanie Harris: In Barrie, not that long ago.

Ms. Laurie Scott: What percentage of women, that are HIV-positive—

Ms. Stephanie Harris: In all of Ontario, we're looking at about 22%. In Canada, there are about 66,000

people living with HIV. In Ontario, there are about 19,000, and 22% of those are women.

Ms. Laurie Scott: And up here, or in the area you service, what percentage?

Ms. Stephanie Harris: You know what? I don't know. I don't know the recent stats. At one point, it was about 500, but that was a few years ago. I don't know the most recent stats.

Ms. Laurie Scott: I think those statistics—I wouldn't expect to hear it would be that high, because you're very specific in speaking here today. I don't know if you do other parts, if your job entails—

Ms. Stephanie Harris: Sorry?

Ms. Laurie Scott: When you have your community development coordinator, is it just HIV/AIDS? I didn't know if you had a broader mandate for your job. Is it specifically—

Ms. Stephanie Harris: It is, because—I use a social-determinants-of-health lens in my work, so I touch on the different areas that could potentially be included. Poverty elevates the risk for HIV. Lack of education elevates the risk for HIV. Homelessness elevates it. I use that lens, so I do a little bit of work in various areas.

Ms. Laurie Scott: That's great. Thank you very much for—

The Chair (Ms. Daiene Vernile): Thank you.

Ms. Laurie Scott: —and for your information.

The Chair (Ms. Daiene Vernile): Our final questions for you are from MPP Sattler.

Ms. Peggy Sattler: Thank you very much. I also heard the frustration in your voice, and want to assure you that this committee—I think it's a priority that we honour the work that has been done for years by women's organizations and other organizations on the front lines. Thank you for that reminder.

You talked at the beginning of your remarks about making sure that a lack of sustainable funding for community organizations doesn't threaten women's access to services. I wondered if you could speak to us a bit about your experience with accessing funding, and what community organizations have to go through to ensure the sustainability of their services.

Ms. Stephanie Harris: I was more referring to the cuts that are coming down the pipes in terms of health care. If those cuts come through, certain services—social services as well as health services—could be impacted. Of course, women's services would be part of that, I would imagine.

Ms. Peggy Sattler: Are there specific cuts that you were thinking of?

Ms. Stephanie Harris: Just the health care.

Ms. Peggy Sattler: Just in general—okay.

Another issue you raised was the need for a review of privacy laws. I don't know if that relates back to the legislation you spoke about with regard to HIV—

Ms. Stephanie Harris: No, it was more around consent. When women access services, they rarely come with just one issue. Taking a look, I really don't have the answer in terms of what that might look like from a

governmental perspective, except to say that when we work together in a community, we build partnerships, but we're often limited by the privacy laws around what we can disclose and what we can't.

Where some agencies are more restricted than others, it prevents us from being able to better work together, to work outside of our silos and come together as a community to better serve a woman—taking a look at what that might look like.

Ms. Peggy Sattler: So at this point you don't have specific recommendations about what needs to be done?

Ms. Stephanie Harris: No, I don't. It's certainly not an area of expertise for me. I just know that that's a barrier for a lot of women.

Ms. Peggy Sattler: And your organization has experienced those barriers? I just want to understand.

Ms. Stephanie Harris: No, we have, because we serve women who are living with HIV and who also have addictions issues, and who also have mental health issues. We are liable, as an organization, in making sure that the privacy of our clients is respected, but there's got to be a way that we can create a circle of care for women where certain information can be divulged, so that we can work together as a team to help her. Right?

Ms. Peggy Sattler: Okay.

M^{me} France Gélinas: I already know the answer to this, but I don't think my colleagues do: Do you know if there are physicians in Sudbury who refuse to see patients because they are HIV-positive?

Ms. Stephanie Harris: From the stories I've been told from our clients: Yes. I can't tell you who they are, but certainly.

M^{me} France Gélinas: Yes, we have many. Would you be able to say how many physicians in Sudbury do take patients who are HIV-positive?

Ms. Stephanie Harris: I know of one for sure. She works out of our office. She comes in on a monthly basis and works with our clients who are living with HIV or hepatitis C, or who are co-infected.

M^{me} France Gélinas: We have over 220 family physicians in Sudbury, you work with people who are infected with HIV and you know of one physician who takes HIV-positive clients?

Ms. Stephanie Harris: Yes.

M^{me} France Gélinas: I just want people to know that. So if you are HIV-positive and you have been a victim of sexual abuse or sexual harassment, where do they turn to for support? Where do they turn to for help?

Ms. Stephanie Harris: They usually come to us because they don't trust any of the others, now that our clients are aware that we have a doctor who will work with them. But even then, it's limited; she only comes in once a month. So if somebody was sexually assaulted, we will refer her to the sexual assault crisis centre, but whether or not she's comfortable accessing that service is a completely different story, because when you add HIV to the mix, whether it's a perceived or real stigma, it's still there. So a lot of women won't access services because they're scared of being rejected. We make an

appointment with them to see our doctor, but it's a month at a time.

M^{me} France Gélinas: If you look at the populations that you work with—I don't know if you keep those sorts of statistics—what percentage of the population that you work with would you say has lived experience with sexual assault and sexual harassment?

Ms. Stephanie Harris: Many.

M^{me} France Gélinas: Over 50%?

Ms. Stephanie Harris: Yes.

M^{me} France Gélinas: Would you say that they are way higher than in the population of women in general?

Ms. Stephanie Harris: I don't know how to answer that. The only thing I can tell you is that we work with very marginalized populations whose risk factors are elevated, so potentially.

The Chair (Ms. Daiene Vernile): I thank you very much, Ms. Harris, for coming and speaking to our committee today and sharing your information with us. We invite you, if you wish, to sit in the audience for the rest of the afternoon.

Ms. Stephanie Harris: Sure. Thank you.

SUDBURY COUNSELLING CENTRE

CENTRE DE COUNSELLING DE SUDBURY

The Chair (Ms. Daiene Vernile): I would now call on our next presenter, the Sudbury Counselling Centre. Just have a seat in any chair that has a microphone in front of it. The red light means you're on, as you can see. You will now have up to 20 minutes to talk to our committee, and it will be followed by questions by our committee members. Please start by stating your name, and begin any time.

M^{me} Lynne Lamontagne: Bonjour. Je suis Lynne Lamontagne, la directrice générale du Centre de counselling de Sudbury, the Sudbury Counselling Centre.

Le Centre de counselling de Sudbury, the Sudbury Counselling Centre, offers various programs as they relate to sexual violence. We offer Violence against Women and Growth in Connection programs. We offer a Child Witness Program. We offer a child victim program. We offer a Partner Assault Response program. We also offer a Male Survivors of Sexual Abuse Program.

Amongst all the programs that we see, we also see gaps in programming in the area. Some of the gaps that we've identified include prevention programs, mostly. One such program that we're trying to offer, but have not secured any kind of sustainable funding for, is what we call the Before Everything Escalates Program. This is a program aimed at men to prevent violent acts against their intimate partner.

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We also offer a risk management service for men. This is a post-charge program, after the initial charge is laid, because we know it is at that time that men become most dangerous against their partner, because they dared report the violence or their neighbour reported the violence.

There is nothing to support men in this crucial time of need.

We also see a need for conjoined counselling as a prevention measure. It's too late to try to do couples' counselling after the violence has been implanted in that relationship. We need to do it before, as a prevention measure.

Those would be the recommendations that we have for our community here in Sudbury.

We also note that there are many, many organizations involved in sexual violence. They range from rape crisis centres to counselling centres like ours, to shelters, to women's centres, to Réseau Access—I just heard Stephanie speak—the hospitals, the workplaces and now, most popularly, the educational institutions. What we see now is a need for clarification of our system map, because women don't know how to navigate to get the specific services that they're looking for.

More often than not, women are referred to us because somebody already came to see us, so they know we exist. We are a non-profit charitable organization and therefore do not have all the money we would like to promote, nor do we want to promote to the extent that we cannot serve. These are some of the challenges that we're facing.

We also think that women deserve some assistance in navigating that system.

I looked at the report that Stephanie mentioned a little earlier, the 2011 report entitled *Changing Attitudes, Changing Lives*, but I haven't seen much change since 2011. I would like for us to have that snapshot of what happened to the promises made to our groups at that time.

Les femmes francophones ont des besoins particuliers. Par exemple, il se peut qu'elles préfèrent parler en français, mais ne peuvent pas lire en français. Il faut avoir des organismes bilingues qui peuvent adresser ces besoins, tant sur le côté oral que sur le côté écrit.

Notre recommandation, alors, devient qu'il y ait plus de financement aux agences bilingues pour être capable de passer à une offre de qualité de services en français, parce que ça nous coûte déjà deux fois les montants que des organismes unilingues reçoivent pour être capable de passer à cette offre.

Non plus avons-nous une représentation provinciale pour le secteur de la violence faite aux femmes. Nous avons définitivement Action ontarienne, qui représente en grande partie les centres d'assaut sexuel, mais quelle est la distinction qu'on fait entre les CALACS et les centres de counselling? Les voix ne sont pas représentées sur la scène provinciale.

Alors, la recommandation, c'est d'assurer la représentation des agences en matière de violence faite aux femmes, et non seulement des CALACS, dans les discussions.

Finally, children are often denied access to CCTV during court proceedings, even though this is their right. Women are subject to endure both family and criminal court proceedings separately or twice, or like we like to say, they repeat their story many, many times, and are

therefore revictimized every time they have to live the experience again.

Our recommendation is a review of the current shortcomings in the judicial process—I know you heard a lot about it already—and training for all of the principal actors.

Those are the recommendations from le Centre de counselling de Sudbury, the Sudbury Counselling Centre.

The Chair (Ms. Daiene Vernile): Thank you very much for your presentation. Our first questions for you will come from the third party, from MPP Gélinas.

M^{me} France Gélinas: Merci beaucoup d'être ici. Ça me fait toujours plaisir de vous voir.

Ma première question serait sur le commentaire que vous avez fait que pour les femmes francophones qui préféreraient, peut-être, recevoir leurs services en français—qu'elles écrivent ou qu'elles n'écrivent pas en français, elles voudraient faire affaire avec des agences bilingues—est-ce que les agences bilingues qui existent en ce moment ont plus ou moins de problèmes financiers que les autres?

M^{me} Lynne Lamontagne: La réponse facile c'est que les agences bilingues encourent effectivement plus de dépenses pour l'offre de leurs services. La difficulté que j'ai, France, c'est qu'il n'y a pas beaucoup d'agences bilingues. La plupart des agences sont des agences soit anglophones qui offrent un certain nombre de services en anglais, soit des agences francophones. Le Centre de counselling de Sudbury / Sudbury Counselling Centre est une perle rare : une agence francophone qui offre ses services en français et en anglais, mais tous leurs services et non pas juste un service ou deux. Alors, je dois faire l'offre de tous ces programmes-là que j'ai mentionnés en français et en anglais, et c'est à ce moment-là que ça devient plus difficile pour nous.

M^{me} France Gélinas: Votre budget à vous autres vous vient surtout du ministère des Services sociaux et communautaires?

M^{me} Lynne Lamontagne: Je ne dirais pas « surtout », parce qu'il représente à peu près un tiers de notre financement.

M^{me} France Gélinas: Pas plus que ça?

M^{me} Lynne Lamontagne: Non.

M^{me} France Gélinas: Le restant, ça vient d'où?

M^{me} Lynne Lamontagne: Je reçois aussi des fonds du ministère du Procureur général pour certains programmes. Nous sommes aussi une entreprise sociale. Alors, nous offrons des services à des gens qui peuvent les payer, soit des individus ou encore des organismes qui paient au nom de leurs employés des programmes d'aide aux employés. Nous faisons des prélèvements de fonds, et nous acceptons des dons. C'est à peu près un tiers, un tiers, un tiers.

Il y a aussi un peu d'argent qui vient du ministère des Transports pour un programme en toxicomanie que nous offrons, et le ministère de la Santé et des Soins de longue durée cofinance ce programme-là aussi.

M^{me} France Gélinas: Lorsque vous négociez vos budgets avec les différents ministères provinciaux, est-ce

qu'on prend en ligne de compte le fait que vous êtes un organisme francophone qui offre des services bilingues?

M^{me} Lynne Lamontagne: Pas du tout. La formule de financement est la même selon les programmes.

M^{me} France Gélinas: OK.

The Chair (Ms. Daiene Vernile): MPP Sattler?

Ms. Peggy Sattler: I have a question about the Partner Assault Response program. You mentioned that your agency is involved in delivering the PAR program. We have seen a number of agencies in southern Ontario closing the PAR program, and there were some recent changes to the length of the program. I wonder if you could talk about your experience with the impact of the changes to the PAR program and any kind of results that you have seen coming out of the PAR program.

Ms. Lynne Lamontagne: That's loaded. I'm glad you asked it. I didn't really want to open that door. In 2013-14, we were financed to offer the program to about 145 men. For the 2014-15 year, we were asked to offer the program to 245, not with the same money, but with a smaller amount per person. At the same time, the program went from a 16-week program to a 12-week program, so the financing formula was also reduced because of the number of hours that we spent in the program per person.

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We have had only one year now to really look at the financial impact that has had, but I can tell you that the impact it has had on the agency from an HR perspective has been very difficult. We've had to reassign resources, allocate more resources, because now we are held to a greater volume in the same amount of time, and none of the expectations were reduced. In fact, they were increased, if you take into account the data reports that have to accompany a lot of the information that we provide on a quarterly basis.

I'll give you an example. For every man or woman entering that program, we have to track the number of days between the date the order occurred to the date that they show up at our place, whether it was zero to 30, 30 to 60, 60 to 90. We don't necessarily know what day it was when they were ordered to come to that program, so we have to go back to the crown attorney's office or probation to find out when the court initiated the order, and then track when they actually show up to our place. That's a lot more administrative work that we have to do.

There was no increase in terms of assessment of the clients, either. It's a lump sum. You have so much to do assessment. It doesn't matter if you have 100 or 200. It doesn't mean that assessment will guarantee that they get into the program—

The Chair (Ms. Daiene Vernile): Thank you very much.

Ms. Lynne Lamontagne: I could talk a lot longer on that one.

The Chair (Ms. Daiene Vernile): We want to hear you more, and we have some more questions for you from our government side now.

MPP Lalonde.

M^{me} Marie-France Lalonde: Bonjour, madame Lamontagne. Merci beaucoup d'être avec nous aujourd'hui. C'est vraiment un plaisir d'écouter.

Je voudrais savoir juste une chose avant de débiter. Combien de gens, de femmes, voyez-vous dans une année au niveau de l'engagement pour la violence et le harcèlement sexuel?

M^{me} Lynne Lamontagne: Nous accueillons 350 femmes annuellement dans le programme de violence contre les femmes. Nous accueillons un autre 50 femmes dans le programme avec leurs enfants, et nous accueillons environ 75 femmes dans le programme IPV, l'intervention contre les partenaires violents.

Il faut aussi dire cependant que dans ce programme-là, parce que c'est un programme qui s'adresse aux personnes abusives mais à leurs partenaires aussi—une des raisons que je parle du programme de PAR, IPV, qui est surtout initialement un programme pour les hommes, c'est que, intégralement, il y a une composante qui nous exige de prendre contact et rendre service à leur partenaire intime également. Alors, même si nos cibles sont 245 hommes ou femmes par année, c'est un autre 245 hommes ou femmes partenaires.

M^{me} Marie-France Lalonde: Ce dont on parle en ce moment, je crois que ce n'est pas seulement la violence faite aux femmes; c'est la violence conjugale aussi. Est-ce que je suis—

M^{me} Lynne Lamontagne: C'est ça. C'est une question qui est difficile à séparer.

M^{me} Marie-France Lalonde: Oui, pour vous—

M^{me} Lynne Lamontagne: Et pour quasiment tout le monde.

M^{me} Marie-France Lalonde: Et on a le mandat aussi de—

M^{me} Lynne Lamontagne: Oui, c'est ça, puis même pour la victime.

M^{me} Marie-France Lalonde: Vous parliez du système, et je le dis en anglais, « mapping, » qui a beaucoup, beaucoup de services. Votre recommandation pour nous serait quoi? Comment est-ce qu'on peut vous aider par rapport à cet enjeu-là?

M^{me} Lynne Lamontagne: Moi, j'aimerais voir un genre d'organigramme si possible. Je suis au courant que le centre de planification sociale à Sudbury est en train de faire un genre de « mapping » pour tous les services qui sont offerts à Sudbury et le lien entre ces services-là. C'est un super beau projet, mais qui a pris fin ou qui, mettons, a pris une pause par défaut de financement. J'aimerais voir renaître ce projet-là du centre de planification sociale.

M^{me} Marie-France Lalonde: Ma dernière question, si je peux me permettre, c'est, d'après votre expérience, votre expertise, comment peut-on aider la femme qui vit la violence, peut-être pas conjugale, si je peux me permettre—ça peut quand même faire partie du processus, mais la violence faite aux femmes? C'est comment qu'on peut aider à prévenir cette violence-là aux femmes?

M^{me} Lynne Lamontagne: Je pense qu'il n'y a pas de réponse facile à votre question. C'est un problème social

qui persiste depuis des décennies sinon des siècles. Alors, il faut arrêter de penser que la solution sera facile. Et plus on avance, souvent, à cause d'un manque de financement, plus on rétrécit nos programmes. Un centre à but non-lucratif comme nous, nous avons quand même des limites des services qu'on peut offrir. Une femme peut venir nous voir, par exemple, un maximum de 10 heures par année. J'aimerais voir enlever ces limites-là pour être capable de répondre aux besoins énoncés, et non pas juste rencontrer les exigences ministérielles.

M^{me} Marie-France Lalonde: Je vais retourner aussi un petit peu avant. Une femme vient vous voir, c'est bien. Mais la femme qui ne vient pas vous voir, comment est-ce qu'on peut la rejoindre pour qu'elle soit capable et ne se sente pas confrontée à venir demander de l'aide? Dans le fond, c'est un bien que certaines femmes viennent vous voir, mais de l'autre côté, on sait qu'il y a beaucoup de femmes qui vivent une violence et du harcèlement sexuel mais qui ne nous le disent pas aujourd'hui.

M^{me} Lynne Lamontagne: Oui. Une des peurs que j'ai entendues énoncer par certaines personnes, c'est qu'ils ont peur des retombées de se prononcer. Exemple : si une femme vient nous voir et nous divulgue certaines informations, nous sommes tenus, quand même, par la loi, de rapporter certains de ces éléments-là à la société d'aide à l'enfance. Si on pense que les enfants sont en danger, on a le devoir de le rapporter. Plusieurs femmes sont au courant de cela, parce que c'est les voisins, c'est les amis, c'est la famille qui souvent vont recommander à ces femmes-là d'aller chercher de l'aide. Mais c'est ces femmes-là aussi qui ont appelé la police ou qui ont appelé la société d'aide à l'enfance pour venir essayer d'aider ou protéger les enfants.

La Présidente (M^{me} Daiene Vernile): Merci.

M^{me} Marie-France Lalonde: Merci beaucoup.

La Présidente (M^{me} Daiene Vernile): Et maintenant nous avons des questions de Randy Hillier.

Mr. Randy Hillier: Thank you, Lynne, for being here. I just want to clarify a couple of things. The PAR program: What does PAR stand for, first off?

Ms. Lynne Lamontagne: It's Partner Assault Response, and it's a program for both men and women that is ordered by the court.

Mr. Randy Hillier: Okay. And that's the only way people can access it, through the court?

Ms. Lynne Lamontagne: Through the court system. It's post-charge, but post-court as well.

Mr. Randy Hillier: Okay. And the other program that you mentioned was Before Everything Escalates, and that's not a court-ordered program.

Ms. Lynne Lamontagne: That is not court-ordered. It is volunteer, but it's not financed.

Mr. Randy Hillier: But it's not funded at all. So it's a program that isn't really a program right at the moment.

Ms. Lynne Lamontagne: That's right. Right now we're calling it a project as opposed to a program because we have to raise funds. Now, I have to admit that the Trillium Foundation has supported us somewhat through this initial pilot phase. We fear that the funding

will come to an end in June and it will not be repeated to continue on.

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Mr. Randy Hillier: Okay. Are you aware of any examples where this Before Everything Escalates Program is being funded in the province?

Ms. Lynne Lamontagne: No. It's a unique program that started here in Sudbury, but I have to add that I'm getting a lot of phone calls about the program, and I have been asked to present that particular program on the provincial and national stage in the coming months.

Mr. Randy Hillier: Okay. One other question for you—we hear this often, about a review of the judicial process and the problems of the judicial process. But we need to get more specific. I'm going to ask this one, to see if we can get a little bit closer to where the rubber hits the ground type of thing on the judicial process.

It has often been stated about retelling the story over and over and over, and revictimizing people. My understanding of the court system—and it's limited, as I try not to be in court too often, but if you could give me some example.

My picture, in my mind, of any crime is, the victim would go and tell their story to the police—it may be fleshed out a little bit more by other professionals within the police department, or the crown—and then be questioned about it in a court of law. But that would be my image for any crime, whether it's a physical assault, a sexual assault or a break-and-enter, or whatever.

What makes it different? What is different with sexual assault, where we keep hearing this phrase about continually retelling the story? Where does that come in, or how does it happen?

Ms. Lynne Lamontagne: One example that I can give you is that there are actually two court systems. There's the Family Court, and there's criminal court, okay? So you can't compare it to another crime, in that sense.

In Family Court, they're telling their story, to try to keep their children, right?

Mr. Randy Hillier: Yes.

Ms. Lynne Lamontagne: In criminal court, they're telling the same story, to prove the charges against whoever committed the act.

Mr. Randy Hillier: Okay. So that would be a scenario where the assault took place with a partner or where there is custody or other considerations.

Ms. Lynne Lamontagne: That's right. So there are two systems at play here. Now, in Toronto, there is a pilot, where both family and criminal courts listen to the story together and then make their decisions separately, instead of having two whole court processes.

Mr. Randy Hillier: And that's a pilot project going on in Toronto?

Ms. Lynne Lamontagne: In Toronto. We're seeing a lot of positive; we're hearing a lot of positive comments coming out of that pilot. We're wondering if we can look at implementing that pilot in other communities.

Mr. Randy Hillier: Okay. Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you very much for coming and speaking to our committee today. I invite you to sit in our audience for the remainder of our testimony, if you wish to.

DR. JACQUES ABOURBIH

MS. CAROL CAMELETTI

The Chair (Ms. Daiene Vernile): I will call on our next presenter, and that is Carol Cameletti—oh, I'm sorry. Have I missed someone?

The Clerk of the Committee (Mr. William Short): No.

The Chair (Ms. Daiene Vernile): No? Okay. Carol Cameletti and Dr. Jacques Abourbih.

Dr. Jacques Abourbih: Don't worry. Nobody knows how to pronounce it.

The Chair (Ms. Daiene Vernile): You're going to come up here and tell me how to pronounce your name, right?

Just have a seat in front of the microphones. Please make yourselves comfortable. You will have up to 20 minutes for your presentation, and then our committee members will be asking you questions.

Please begin by telling us your names, and begin after that. Thank you.

Dr. Jacques Abourbih: Thank you. Ms. Cameletti has asked me to go first.

My name is Jacques Abourbih. I'm associate professor of surgery at the Northern Ontario School of Medicine. I'd like to draw to your attention that this presentation reflects my personal views, and I'm not authorized by NOSM to speak on its behalf. I believe Ms. Cameletti also is presenting her own personal views.

My colleague and I will cover two areas of concerns related to sexual violence and harassment. Ms. Cameletti will deal with the LGBTQ2S, and I will deal with the issue of sexual violence and harassment of female medical students and female MDs. My topic deals with the sexual harassment of female medical students in undergraduate medical education programs and female physicians by patients. The second one, which will be addressed by my colleague, is a subtle form of sexual harassment of the LGBTQ community seeking access to health care resources.

I would like to emphasize that the findings described in this presentation do not correlate with what is happening to female medical students at NOSM or reflect the sexual abuse and harassment of female physicians in northern Ontario, necessarily.

We are intending to put a proposal for research ethics approval at Laurentian University and Lakehead University to study if there is a problem of sexual harassment and abuse of female medical students and female physicians in northern Ontario, and if so, what is the magnitude and seriousness of the problem.

Sexual abuse and harassment in society represents profound disrespect for women by the perpetrators, and

the root causes are multiple: unbridled sexual desire, sexual frustration, an urge to control, a deep sense of insecurity. In the case of female medical students and female physicians, they have one thing in common with other women in authority—and that is the unwillingness to accept women who disturb the balance of power.

Over the past two decades, there has been a paradigm shift in the gender demographics of the medical profession. Whereas when I was a medical student at McGill University only 10% of my class were women, today almost 50% to 60% of medical students in Ontario are women. At NOSM, the percentage is even higher; in some classes at NOSM, they represent almost 70% to 75% of the student bodies.

One important aspect of this demographic change is the emergence of sexual harassment of practising female physicians. This phenomenon was brought to light incidentally during the course of an incidental conversation that I had with a female colleague around the subject of how women in the medical profession in rural and northern communities handle professional responsibilities and their roles as mothers and wives. That was an aside; it was not meant to be the topic of the conversation.

Whereas sexual harassment in the patient-doctor relationship has been typically focused on male physicians harassing or abusing female patients, a new phenomenon emerges of female physicians experiencing sexual harassment by their patients.

The College of Physicians and Surgeons of Ontario, the CPSO, which is the self-regulating body of the medical profession, handles severe sexual misconduct of its members. There are no available recourses for female physician victims of sexual harassment at the hands of their patients. The CPSO boundary-crossing policies are directed at the members of the college and focused on protecting the public from predator MDs.

Physicians hold a position of power in our society, and this imbalance of power precludes sexual harassment from patients in general. By extension, female physicians share with their male counterparts the position of power conferred by the title of MD. However, female MDs share with other women in our society the vulnerability to harassment that comes with their sex.

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It starts in medical school. By the way, we have the references to what I'm saying at the bottom of my submission. This is how one medical student expressed the problem: "It's just something you suck up." A fourth-year medical student at the Northeast Ohio Medical University college of medicine is the author of this line.

A review of the literature indicates that sexual harassment of female medical students occurs with regularity in undergraduate training programs. It occurs most often in clinical settings, primarily surgical specialties, and it remains largely unreported. Several articles have been published on the subject.

That said, the overwhelming response of female students in undergraduate medical education programs de-

scribe the climate as positive and used such expressions as "treated equally" and "equal opportunities."

I'd like to underscore that I have been chair of the student complaints committee at NOSM for the past eight years. I have never, ever, had a case referred to my committee for adjudication.

But students are not immune to harassment from patients. One medical student, in an anecdotal report several years ago, said that she was told, "Hey, doc. You got great legs," from one of her patients.

What happens when the medical student enters practice? Dr. Phillips and Ms. Schneider of the Ontario Institute for Studies in Education and the department of family medicine at Queen's University wrote in an article, "Female doctors are treated primarily as women, not as physicians, by many of their male patients." They wrote an article about this in the *New England Journal of Medicine*, a very prestigious medical journal. The vulnerability inherent in their sex overrides their powers as doctors.

The same authors mailed 1,064 surveys to female physicians licensed to practise in Ontario and got about 600 responses. More than three quarters of those responding said that they had been sexually harassed by a patient. Patients requested genital examinations with no evidence of a physical problem. Some groped the doctor's breasts. One mailed a sexually explicit letter. Others sent G-strings. Another requested that his doctor masturbate him for a sperm count. One male complained of a rash on his buttocks, jumped off the table and leered and thrust his erect penis at the doctor.

The most extreme scenes occurred a few times a year and the milder ones about once a month or so. They took place mostly in emergency rooms and in clinics, but they also happened in doctors' offices by their own patients. It's estimated that anywhere between 25% to 75% of women in health care professions are subject to sexual harassment.

There are two tables in the submission that I have given you. This is a summary of the reports in these tables. Some 53% to 59% of female physicians reported that they were victims of suggestive looks or sexual remarks. Suggestive gestures, pressuring the doctor for a date, and inappropriate gifts: These account for about 20% to 30%. These are the more benign forms.

What is more alarming is the egregious behaviours amounting to sexual abuse of female MDs by their patients. They ranged from suggestive exposure of genitalia, brushing, touching or grabbing. This was reported by 20% to 30% of female physicians. There was at least one case of outright rape.

Table 2 shows that 20% of female physicians did not consider sexual harassment by the patient to be a very significant problem, but 74% felt that sexual harassment was somewhat of a problem to a significant problem, and up to 6% reported that sexual harassment and abuse were a serious problem.

In conclusion, sexual harassment of female medical students and female MDs is much more widespread than

thought, but the subject is not raised and discussed. The statistics presented probably underestimate the true incidence, and I suspect that behaviour that may be considered inappropriate and harassment is more often than not excused by female doctors as inevitable, as part of being a woman, or ignored. After all, female doctors live in a society that views that a certain degree of sexual harassment of women is just part of being a woman, and is acceptable.

Remediation starts by recognizing this problem. As a first step, medical schools should include sessions and workshops to raise awareness of that problem. Discussions on strategies to protect female doctors should become a topic addressed by both the CPSO and the Ontario Medical Association.

Thank you very much.

The Chair (Ms. Daïene Vernile): Thank you.

Please say your name.

Ms. Carol Cameletti: My name is Carol Cameletti. Recently, I completed a graduate specialty in gerontology. In writing quite a few papers and going to a few LGBTQ conferences here in Sudbury, it seems as if there's an absence of including our elderly LGBTQ population in the north, and I'm talking about the age of 60 and over.

Health care providers often lack positive communication strategies for elder lesbian, gay, bisexual and transgender clients due to a lack of cultural competency and a keen awareness of the major hurdles to cross-cultural understanding in health organizations. Elder LGBTQ clients have reported receiving substandard care from health care providers. Developing and analyzing effective health strategies is vital for sustaining access to quality health care for the elder population.

If health care providers have knowledge about their patients' cultures, then an opportunity exists to have a positive effect on a client's health. Disclosing sexual orientation can be the most difficult part of seeking treatment for this population with their health care providers. Many members of this community report negative experiences coming from their health care providers, and a lot of them don't reveal or come out to their physicians, nurses and other health professionals.

Prompt action is needed, given the core belief that a process that clarifies what matters most builds a culture of shared purposes that grounds equitable treatment for all patients, regardless of gender or sex. A recent study has shown that health care providers can enhance the quality of care given to LGBT clients—and researchers delving deeper into the topic of providing health care to LGBT clients. The research is not really there to be inclusive of this population amongst the elderly in health care organizations. The research that I have found has been very lacking.

I will get to a few quick points here:

—The LGBT elders are “largely invisible in the gerontological literature;”

—LGBT elders are “receiving care in medical and research settings that presume heterosexuality;”

—The possibility of residents being LGBT has not been considered by many nursing home directors. I do work in this field, and I can say that apartment living, supported living and assisted care with LGBT clients is not in any of the health care policies in the biggest city in northern Ontario, which is Sudbury. This also includes our nursing homes, whether they're private or government-funded. This also includes hospitals and other health clinics in northern Ontario.

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—LGBT elders are “receiving care in medical and research settings that presume heterosexuality.”

—They're less likely to have adult children caring for them when they are ill or enter care. If they are not able to speak for themselves, who will speak for them?

—Lots of times they have to deal with roommates in the nursing home or supportive care who dislike gay people.

—This population has a fear of being rejected or neglected by health care workers because of their status, and I have seen this several times, whether it's in the hospital sector where I work or going out into these elder care facilities.

—They have a perception that nursing staff will not respect their relationships and life decisions.

—They “worry that their integrity and their life choices will not be honoured.”

—LGBT couples over 65 are less likely to be married at this present time, resulting in LGBT elders being less likely to have spousal support when a partner dies. Of course, if their partner should die and they haven't married that partner, lots of times they lose out on financial compensation.

In closing, an equitable culture in health care for all seniors' health needs to be examined by the government and health care providers to utilize the various insights provided by this presentation. Awareness is central to cultural competence and it moves on a steady course from the intra-personal to interpersonal domain. By developing the necessary innovative criteria from past research methodologies, the health care providers will be able to disseminate knowledge within the context of equal partnership between LGBT clients and health care providers.

This summary is from a paper that I submitted to Lakehead University. Jacques and I and a couple of other NOSM staff ended up going to the first transsexual conference here in Sudbury. There was no mention of any seniors at this conference. I mentioned that I had done a paper, and the North East LHIN requested that I send on this paper. This is just a quick summary of maybe a 10- to 15-page paper that I wrote.

Also, I had the honour of meeting Premier Wynne and her partner. This was a couple of months ago when they took a tour of a seniors' facility. I was there for a few hours. This issue was raised by the Premier on a sidebar. I really think it's important that we start bringing this to the forefront as well. I would just say, with the other MPPs that all work closely with her, maybe we could

move this forward—if not in a provincial context, I would at least say in a northern Ontario context.

The Chair (Ms. Daiene Vernile): Thank you, Ms. Cameletti. We begin now with our government side. The first question is from MPP Thibeault.

Mr. Glenn Thibeault: Okay. Well, I guess, just to jump to the question that you were talking about specifically on the LGBTQ community, I know we have TG Innerselves coming in a little later to speak to us as well. Have you been speaking to them about some of the issues that you were flagging in relation to the community?

Ms. Carol Cameletti: Definitely. Jacques has really kept me in the loop. Jacques has really moved forward with this with Laurentian University and NOSM. We now have it in our curriculum. Jacques is looking more into this. If it weren't for Jacques, I might not have been so passionate, but I've gone to the workshops. I have had connections with Rita OLink and others. Although there are so many issues in this part, we've also got to think past transgender. It's the lesbians, the gays, the whole population that is being discriminated against here in health organizations.

I just looked recently at a CMHA application form for clients, and still, at Health Sciences North, we have "female" or "male." They have no other kind of sexual identity check marks to tick off. If you have a partner, it's "Who is your wife?"; "Who is your husband?"

Even our intake processes in these health organizations are very discriminatory towards this population.

Mr. Glenn Thibeault: You talked a little bit as well about the seniors' component. Not only are we looking at seniors and the LGBTQ community, but also, if we want to bring in the components of small, rural, northern communities, has that been considered—if someone is living in a small community or even a rural community in northern Ontario, how those individuals would be able to access the services that they would need, especially if they have experienced any type of sexual violence or harassment?

Ms. Carol Cameletti: Because it's such a large geographical distance here in northeastern Ontario, you're looking at aboriginal communities—I was a preceptor at one time with medical students. For a lot of this community, trying to access health services—lots of times, there is no physician in these fly-in communities, and sometimes it's only a registered nurse, not even a nurse practitioner. Hopefully, they would be inclusive. But I think this information has been so buried for so many years that if we start raising awareness of this, it would benefit every northern community, and, I bet you, every community in southern Ontario which might be rural or might be isolated.

Mr. Glenn Thibeault: One of the words we've been hearing a lot of, especially today, relates to training. Are you aware of any training that is happening in the medical profession for those types of communities? Maybe I could hand that over to the doctor to respond to that.

Dr. Jacques Abourbih: Thank you, Glenn. My microphone is on. Actually, if you look at the content of medical school curricula on LGBTQ, in Ontario, for example, it is abysmally small. NOSM has actually taken the lead in including the pre-clinical training exposure to LGBTQ appropriateness in interviewing patients and so on.

This year was the first year where we have an actual full module on LGBTQ health. In fact, we have specific objectives, and in the coming exams—well, I can't tell you, because I'm writing the exams. They are being tested on several facets of interviewing and management of LGBTQ patients.

Bear in mind that NOSM has a mandate to address the needs of the population in which the medical school exists. We know that 60% of our students stay in northern Ontario. So we hope that this will become disseminated as more and more of our physicians begin to move into smaller communities in northern Ontario.

The Chair (Ms. Daiene Vernile): Thank you very much.

Our next questions are from our opposition. MPP Scott.

Ms. Laurie Scott: Thank you very much for appearing here before us today. First of all, about the CPSO and the Ontario Medical Association: It's kind of surprising that they have not addressed this situation. I nursed, in another profession that I had, and there's no question that patient harassment is prevalent. I can't tell you exactly how the nurses' association maybe deals with that. But just because of the statistics you've given, I've got to think that female doctors have complained before, yet the situation hasn't been addressed. Or am I surmising that they've complained?

Dr. Jacques Abourbih: Well, since that landmark article, nothing has really been done about it.

1420

We also know that the CPSO is mostly there to protect the public, not vice versa, so there is no recourse for female physicians to report harassment. If it comes to the point of abuse, then she can lay charges, but if it is inappropriate touching or frotteurism—"frotteurism" means rubbing a person—there's no recourse for her. There is nothing she can do.

Ms. Laurie Scott: Do you have any indication that the Ontario Medical Association would push for it? No indication—

Dr. Jacques Abourbih: No. The literature that I have reviewed—it's mostly from the United States and it's within the past five to 10 years—recommends that this issue be addressed by the governing bodies and the medical education institutions. To date, I think, if there is, it's very, very small.

Ms. Laurie Scott: Thank you for bringing that forward.

Dr. Jacques Abourbih: Thank you.

Ms. Laurie Scott: We'll have to push onward with the topic. I wanted to ask about when you did the presentation on senior LBGTQs to the LHIN, because you said you were in contact with the LHIN—

Ms. Carol Cameletti: I wasn't. They had a workshop and Jacques was presenting; he was one of the guest speakers. I went up to the microphone and I said that this was a great workshop but where were the older adults being included? This is where, after the conference, Jacques got me in touch with a few people.

Jacques also presented with the North East LHIN, a staff person, and she asked me for my paper.

Ms. Laurie Scott: Okay. What do you think is the best way to have this throughout the province? With your experience with the northern LHINs, is it through the LHINs, do you think, or approaching the long-term cares? I don't know if you know enough about the structures of how they all—

Interjection.

Ms. Laurie Scott: You do. What would be your recommendation of how to—

Ms. Carol Cameletti: Education for all.

Ms. Laurie Scott: Education? Training?

Ms. Carol Cameletti: Yes. As a nurse, you were saying—as physicians, I think that all of our MPPs and all of our medical staff—nurses included, physiotherapists, OTs, lab technicians—that we get some mandatory education put into health organizations so that people can be aware of being inclusive of everyone.

I really think that we have scarce dollars in this field, from youth to older people, and I'm hoping that the government is going to move forward with this issue and start raising awareness on government websites and through eHealth.

What else, Jacques?

Dr. Jacques Abourbih: I think it probably starts at the level of the institutions where these seniors are going, but from there, as an epicentre, it needs to spread via the LHINs into all the other health care resources accessible by elderly people.

Ms. Laurie Scott: Agreed. I was just trying to figure out if you guys have a channel that might work.

Ms. Carol Cameletti: I do eHealth for the North East LHIN through a nursing role, and I sit on the eHealth advisory committee for the RAO, but there are so many big health topics. An institution like NOSM is a leading academic institute in northern Ontario. Like Jacques said, I think it goes through the LHINs to go through academia and health—right, Jacques?

Dr. Jacques Abourbih: Yes.

Ms. Laurie Scott: Good. Thank you very much. You've been most helpful.

The Chair (Ms. Daiene Vernile): Our final questions for you are from our NDP caucus.

Ms. Peggy Sattler: Thank you very much. I found the presentation on the harassment of female physicians and medical students by patients to be very interesting. Certainly one of the contextual factors for the creation of this committee was the Dalhousie dentistry Facebook group. That is a very comparable example.

Dr. Abourbih, I was wondering, in your review of the academic literature on this issue, if you came across any examples of other professions that have been traditionally

male-dominated where, when women start assuming positions of authority within that profession, they have the same kinds of experiences. And then, what are some of the best practices for dealing with that?

Dr. Jacques Abourbih: We don't have to go to the academic literature. All you have to do is open up the newspaper. Look at the RCMP harassment or the harassment in the army. It goes on and on and on. I'm sure that if you really corner the legal profession, you will also find that there is also harassment at that level.

Best practices? I think the best way is prevention rather than reactive retribution. In this respect, education is paramount, especially nowadays that women are accessing traditionally male-dominated professions.

M^{me} France Gélinas: Ça me fait toujours plaisir de vous voir, D^r Abourbih.

Dr. Jacques Abourbih: Merci, madame Gélinas.

M^{me} France Gélinas: Nice to see you. I don't know if you were in the room when I was asking Stephanie Harris from Access AIDS Network in Sudbury about how many of her clients had problems finding family physicians. I will put on the record that since NOSM has been here, you have a group of three of your graduates. They set up shop together at the Four Corners, and they probably have all of the LGBTQ members of our community. They see them all. It has made a huge, huge difference to this population that we have your graduates that are setting up shop in our city, that are taking on new patients. I certainly thank you for this. It has made a world of difference. I have no doubt that some of it is because of the education that they received while they were at NOSM, where they knew this is a community that has huge access barriers. In our community, it was almost impossible to find them a family physician, and now all of this has changed. That being said, we still have challenges, but it's way better than it used to be.

All of this is to say—and my question will be to you, Carol—for the senior population of LGBT, were they able to access primary care and other forms of care? Is it just that they were accessing it and it was not respectful of who they were?

Ms. Carol Cameletti: France, I think it could be both. What do you say, Jacques?

Dr. Jacques Abourbih: You know, my experience has not really been with the senior LGBT patients. It has been with the younger LGBT patients who know that they should sometimes hide the fact that they are gay, because they feel that they will receive substandard care or even be ignored.

I have two or three individuals who worked very closely with me when developing the curriculum for it, and what these two or three individuals have reported to me is not very flattering to my profession here in Sudbury.

M^{me} France Gélinas: All right.

The Chair (Ms. Daiene Vernile): One quick final question.

M^{me} France Gélinas: One quick final? The way forward for elderly LGBTQ in our community and throughout the north—any parting word of wisdom?

Ms. Carol Cameletti: I do. One word?

Dr. Jacques Abourbih: Education.

Ms. Carol Cameletti: Two: Education, as Jacques said, but I would say really I think we should start even a working committee in the biggest city in northern Ontario. Jacques and I would be happy to sit on that; I hope Jacques, but I would be, anyway, so that we can bring awareness and education to our population.

Dr. Jacques Abourbih: Thanks for volunteering me.

The Chair (Ms. Daiene Vernile): Ms. Cameletti and Dr. Abourbih, thank you very much for coming and speaking to our committee today. I invite you to sit in our audience for the remainder of our presentations this afternoon, if you wish to.

1430

GREATER SUDBURY POLICE SERVICE

The Chair (Ms. Daiene Vernile): I will now call on the Greater Sudbury Police Service to come forward. Folks, just have a seat in front of one of the microphones.

Mr. Dan Despatie: Thank you.

The Chair (Ms. Daiene Vernile): Make yourselves comfortable. If you'd like to have some water, let us know. Do you have clean glasses there? Another one is on the way.

You'll have up to 20 minutes to give your presentation. Following that, our committee members will ask you some questions. Please start by stating your names, and begin after that. Thank you.

Mr. Dan Despatie: Thank you. I'm Staff Sergeant Dan Despatie, from the Greater Sudbury Police Service.

Ms. Anita Punkkinen: I'm Sergeant Anita Punkkinen, of the Greater Sudbury Police Service.

Mr. Dan Despatie: Thank you very much, on behalf of Chief Paul Pedersen and the Greater Sudbury Police Service, for giving us the opportunity to address the committee on this very important topic.

Again, I'm Staff Sergeant Despatie, and my role within the Greater Sudbury Police Service is within the criminal investigations division, which in turn leads me to oversee many of the higher-threshold sexual assault investigations.

Sergeant Punkkinen is our domestic violence co-ordinator. Therefore, she deals with all of our domestic violence cases, from an oversight perspective.

Today, just quickly—I believe everybody has got the handout in front of them—what we'd like to speak about is, we're going to give you some brief statistics on last year's calls in relation to sexual assault as well as domestic violence. We'll also do a brief overview of our Nickel model, which is our service delivery model here that we've launched within our police service. We'll talk about some of our community partners who assist with our victims of crime. As well, we'll get into a little bit of prevention education, some risk intervention and harm reduction. We'll talk about one current program that we may be able to expand, and then just give the committee a few recommendations.

You have in front of you a list of our 2014 sexual assault statistics, keeping in mind that there are no real significant changes, numbers-wise, from what we saw in 2013. They have remained pretty constant.

We will also talk about our domestic violence statistics, and we'll get into that a little bit later.

Some may wonder why we're speaking about domestic violence, but in our opinion, and based on our experience, certainly, when you talk about sexual violence and harassment, domestic violence cases are very often linked to these types of offences. So we thought it prudent to speak about domestic violence a little bit as well.

You see our domestic violence statistics there. Those have remained constant as well, from one year to another. They're right around the same range. The detail in those statistics is a little bit greater, and the reason we have that is because, obviously, there is a ministry reporting requirement. Therefore, our domestic violence stats are kept in detail.

When we talk about our service delivery model, really, it is our shared commitment to community safety and well-being. Traditionally, I believe everyone would agree, policing was based on how many people you arrest and how many charges you lay, and that tells you how good of a job you're doing.

We've really grown from that mentality. What we've launched within our service is our shared commitment to community safety and well-being, which we call the Nickel model.

It starts in phase 1, where we speak about enforcing laws and holding offenders accountable. We will never get away from that. That is one of the core functions of policing. However, we like to highlight that we're not going to arrest our way out of any problems that we have in our community, and that's very important.

We're also working on the second phase, which is the yellow part, which speaks about intervening collaboratively in high-risk and elevated-risk situations. This is really where, in our community, you start to see the influence of our community partners.

From a policing perspective, we've realized, "What can we do before a crime happens? What can we do in our community to notice, to see, to be made aware of high-risk situations?" We're really focusing on doing that, along with our community partners—which leads us to our next phase of our continuum of service, where our partners are very, very important: Once we know what's going on and we see some of these high-risk situations and some of the problems within the community, what can we do with our partners? How can we initiate that dialogue with them and those programs with them in order to address some of those high-risk situations, and any situation, and reduce the opportunity for them to take place, so that we can change those community outcomes—which leads us to the green zone, as we like to call it, which is championing safety and well-being within our community.

It certainly rings true in sexual violence cases, and harassment and domestic violence, but really, for any

criminal offence: We can't do it alone. On these very, very important topics such as sexual violence, we need the help of our community partners. They are the experts. They know what the founding reasons are that some of these people are dealing with some of these issues, and they can help move people forward.

Really, that's the basis for how we do business, policing-wise, within our community. Our community partners have been excellent, as usual. They've stepped aboard. To take a line from Chief Pedersen, he always states, "It takes a community to raise a child," and that can't be anything but true, certainly in this situation.

When we talk about some of the things in our shared commitment, domestic violence, sexual violence and harassment often form part of the same offence. We've touched on that already. That's important for us to note again today. Following on the heels of our shared commitment, we recognize that we need that multi-dimensional, multi-partner approach to these issues, just like we do for many issues, but certainly in these cases.

How we are going to address this, how we are going to get to the forefront of creating a better place to live is through some sustainable strategies, which need to focus on harm reduction, risk intervention and prevention and education in these sexual violence and harassment cases. These cases are unique, and they have a different set of circumstances that make them hard to investigate. Not only that, they make it hard for people to want to come forward sometimes. There are barriers there in the reporting process, in the investigative process, in the court process. We talk about domestic violence—and I'll touch on this a little bit later on—but when you discuss criminal proceedings and civil proceedings that are going on in domestic or sexual violence cases involving family members, the lines get blurred there. We've got to do a better job of streamlining that process.

We know from experience that if we work in silos, if the police try to take this on themselves, we're not going to get anywhere. If Geneva House tries to do it themselves, they're not going anywhere. The Coalition to End Violence Against Women: If they try to do this alone, it's just not going to work. We need that collective approach.

What we need to do is create that awareness. It is about creating awareness and creating that environment for people who are victims to want to come forward and know that there are resources for them in our community. We need to be prepared to help victims when they do come forward.

1440

We just noted a little bit of a list of some of the community partners and resources we access right now. It's not an exhaustive list, it's not the whole list, but we wanted to highlight some of the partners we deal with. I won't go through all of them, but again, I did mention the Sudbury Coalition to End Violence Against Women; the Sudbury Counselling Centre; Geneva House; le Centre Victoria pour femmes; Voices for Women; Health Sciences North, which is a great partner of ours, through the Violence Intervention and Prevention Program; the

Sudbury Women's Centre; SAVS—I can't say enough about Sudbury and Area Victim Services—have an integral role in our community with our victims; the CAS; the John Howard Society; TG InnerSelves—we've done a lot of work with TG InnerSelves; and certainly the Sudbury multicultural society.

If we dial it down to prevention and education, one thing we do know is that we must begin with educating our youth. I'm sure you've heard throughout the day today that youth are often the key in many situations. When we talk about sexual violence, the largest number of experiences of sexual violence are between 14 and 25 years old. We've got to educate that population, to make things better for future populations.

Locally, we do have the yearly Power of Being a Girl conference, which educates young high-school girls. That's run through YWCA Geneva House.

What we're also looking at, through our partners, through the domestic violence youth committee, is creating a local program with partners that is focused on male youth, because there's an obvious gap in education and prevention with that group, in order to break that cycle. We would like to educate them not only as potential offenders but as victims as well. Sometimes we see that the male youth don't have the same type of programming. Therefore, we're really working on trying to get that rectified.

From the risk intervention perspective, we do have some current community partnerships where we have received some funding through the Ontario Trillium Foundation for an innovative continuum of services for men at risk of domestic violence.

I'm here to brag a little bit about our community in the area of domestic violence and the great work we've done in that area. We highlight three programs. There is the BEEP program, the Before Everything Escalates Program, which is a volunteer program that males can join voluntarily before any charges are laid. Therefore, if they see themselves that they're at risk, they can volunteer to join that program.

There are also risk management services for men, which is a program right at bail court. If people do get charged, they can be subject to that. If they want, if they volunteer, they can follow that treatment program.

Then there's the PAR program, the Partner Assault Response program, funded through MAG, which is after sentencing. If someone is found guilty of domestic violence through court, they can be legislated to do the PAR program.

What I'm getting at here is that we've done some great work in that area. I know, through ourselves and our community partners, we're looking at similar programs that we can do in relation to sexual violence and harassment, both pre- and post-charge, giving members of our community an out before anything even happens.

From the harm-reduction perspective, we've talked about the need to educate and to explore innovative ideas on how to reduce these incidents of sexual violence and harassment and how we encourage and facilitate report-

ing these incidents. That's the big thing. There are a lot of misconceptions out there that if somebody comes forward, the police are going to charge for sure, or they're never going to charge. We've got to create that awareness.

Certainly, in domestic violence situations, it's a little bit different, because where there are reasonable grounds that an offence took place, the police are mandated to follow through with charges, even if victims don't want that.

Sexual-type cases are certainly different. There are always the exceptions, depending on the age of the victim and the offender.

I think that as a community, we've got to do a better job. We're certainly trying to promote that through our community partners, to create that environment for victims to want to come forward, and to be able to explain to them the processes and how this works and that there are options out there.

The Chair (Ms. Daiene Vernile): I'd like to alert you that you have five minutes left, if you wanted your colleague to speak.

Ms. Anita Punkkinen: He's okay to speak.

The Chair (Ms. Daiene Vernile): Okay. Thank you.

Mr. Dan Despatie: Thank you. When we talk about investigations, certainly in the harassment area with social media now, we're seeing that the challenge is when you talk resources and technology in investigating these incidents. That's something that we're also working on internally.

It always comes down to dollars and cents; we know that from a community partner perspective and getting that programming within the community. One of the reasons we are here is certainly to highlight that our community partners do need that constant funding to assist those victims who are often the young children, and vulnerable adults, who we see as victims as well in some of these sexual types of offences. Often they are dependent on their abusers, therefore they are unwilling to come forward.

We need those localized strategies that must be developed to reduce the harms associated, and the stigma attached, to coming forward. Sometimes that's the only problem. People are afraid of what people are going to say because they came forward as a victim.

We have done some work based on the ministry guidelines for colleges and universities. We are at the table with our local colleges and university helping them with their new policies and protocol with regard to sexual violence.

We certainly recognize that harassment takes many forms. There are a lot of things that need to change within society in order to create that awareness. I keep saying "create that awareness" because really that's where it starts. People have to realize there's a problem, for us to figure out those solutions.

We have done some work with TG InnerSelves to educate the police community and the public at large. We created a police transgender training video which is

accessible through our police website. This is only a small step, but in sharing the video with other communities, we believe we're leading the way to getting things accomplished.

We do have our current partnership with Health Sciences North with our Violence Intervention and Prevention Program. What that is, is we've created a really unique situation where there's a room created there and when a victim of domestic violence comes in, they have highly trained nurses who deal with victims, and we have that sharing of information for us to investigate that better. What we're looking at is expanding that to be used for sexual violence and harassment victims as well.

Some of the recommendations: continuous funding—I can't say that enough—for some of these community partners so that their programs can be developed and streamlined without having to reapply for funding every year, because sometimes they can't judge their employee and human resources needs without knowing if they're getting the funding or not.

Certainly there is always a need for increased funding for victims to access counselling services and resources and not be subject to waiting lists.

We would like to streamline that Family Court and criminal court process we spoke about. There is a unique program in New York, the Integrated Domestic Violence courts—and now a pilot project in Toronto—whereby one judge is assigned to that family and that case. Oftentimes it may start as a domestic violence case and it becomes a sexual assault case. The next thing you know there are child custody disputes, and things just get dragged through the court system civilly and criminally. There are some pilot projects out there now, and we're looking at that here as well, where we would like to have one judge assigned to that case so they become knowledgeable about the family and the inner workings of what's going on. It streamlines that process.

At the end of the day, if we can make programs and services more accessible by being in one location where all service providers are available to assist victims—a community hub, right?; a one-stop shop—somewhere where victims don't have to really look too far. They know where they can go and they can access all the resources they need.

The Chair (Ms. Daiene Vernile): Thank you very much.

Mr. Dan Despatie: You're welcome.

The Chair (Ms. Daiene Vernile): We have some questions for you now. Our first questions come from our PC caucus, from MPP Scott.

Ms. Laurie Scott: Thank you very much. An excellent presentation, and very impressive community involvement with all the associations you have listed, and more.

We've heard some good presentations today. We heard recently this afternoon about the PAR program. What can you say about that? We're just trying to highlight the value of it—and maybe if you have helped in the collection of the type of statistics that can further your

case for carrying on the program. How effective has this been in the community? If you have anything to add to that, I'd appreciate it.

1450

Ms. Anita Punkkinen: I know with the other programs that we've developed, with the BEEP and the risk management services for men, which are a continuum of services—the participants in those have indicated the need for the ongoing support and the ongoing services.

I think it's just building up to it, where the PAR is the court-mandated program. If it's somebody who has been receiving the counselling at bail court after that, and then if they are mandated to attend the PAR program, it's just a continuation that provides extra support for them. It's something that people might not look to themselves, or they might not have the resources or the EAP programs to access that, but where they're told, "You have to attend this." It might be something that they wouldn't consider on their own, and it just helps everybody in the end. You have to look at it. Also, if you go to a two-day conference, is it going to assist you; or if you go to a three-week learning session—what are you going to benefit most from?

So the shorter thing is just a band-aid fix, whereas teaching people how to deal with things themselves and with situations that arise, which I believe that PAR does, will prevent them from coming back into our system, or to assist them with gaining the coping mechanisms.

Ms. Laurie Scott: I couldn't agree more, from what I've heard of the projects—well, BEEP is a project; the other is a program. How do you think it's going to affect—the decrease in the amount of money that's going to come forward, I guess. It was mentioned before that the funding shift is now—I think you're now going from 145 to 245 with the same—in the budgets, which was brought up by—am I asking the question correctly? There's a decrease in funding.

Ms. Anita Punkkinen: For the PAR program?

Ms. Laurie Scott: Yes.

Ms. Anita Punkkinen: Yes. I don't know much about the decrease in funding. That is with one of our community partners. I know that there is the question of, how do you staff those programs when you have a decrease in funding and there's still the same number of people to service? Statistics haven't gone down for domestic violence cases—

Ms. Laurie Scott: No. It's only going up. That's why I was asking. You see the need. It's court-appointed. Do you see positive results?

Ms. Anita Punkkinen: Most definitely, yes.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next line of questioning—

Ms. Laurie Scott: Are we all done?

The Chair (Ms. Daiene Vernile): Yes. We're going to stay on schedule.

Our next questions are from our NDP caucus.

M^{me} France Gélinas: We have bragging rights. I want all of my colleagues to hear about the Before Everything Escalates Program. This is a made-in-Sudbury program

that everybody should try to get in their community. It is fantastic.

Now comes the not-so-great: I was there when we made the money announcement. As far as I know, it ends in June. Did you guys figure out a way to keep it going after the money runs out?

Ms. Anita Punkkinen: With the continuum of services for men, we have applied for additional funding to continue with these programs. The feedback from the participants in the programs has been that there is a need and that they're actually requesting to come back for the BEEP program. If there's the demand for it, and you get the positive feedback, especially in the first year of it, it's worth keeping going.

M^{me} France Gélinas: So you've applied for further funding, and you expect to know—

Ms. Anita Punkkinen: I'm not sure what the deadlines are, but I know, with our community partners, we have applied—or we are in the process of applying.

M^{me} France Gélinas: We will all keep our fingers crossed. It's a wonderful program.

Most of the presentations have started with, "We know the problem is there, and the caseload seems to stay the same." What will it take to bend that curve so that we don't have so many calls, so that we don't have so many victims and so many cases?

Mr. Dan Despatie: I'm not sure. To be honest, the caseload is there, and it is constant, and we still believe there are victims who are not coming forward. As a community, we want the victims to come forward. Therefore, with victims coming forward, it creates a bigger caseload. We're going to have to deal with that because we want them to come forward, and we know that in domestic violence cases, just as in sexual violence cases, there are a number of factors that influence whether or not when they're prepared to come forward in their life. That's why we need all those community partners we talked about and that's why we need those programs: because we need to be ready for when that happens. When we create that environment for them to be comfortable, we need to be able to deal with it, because if we don't, then they're going to stop coming forward.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you this afternoon are from our government side. MPP McGarry.

Mrs. Kathryn McGarry: Thank you very much for your presentation. One of the reasons I wanted to ask a question was that I was very involved with the Waterloo Region Crime Prevention Council before I was elected, so I'm very well aware of the pilot projects that are under way right now with the community safety and wellness plans that communities are putting together. It's wonderful to see that Sudbury is so far advanced in that. I think that that acts a little like a situation table: that you can prevent some of the domestic violence in the future once you've got those partners and the ability to identify potential situations down the road. So I commend you for your work.

What I'd like to get at is actually getting to the root of the cause before that, how we as a society can prevent

sexual violence right at the root cause so that we don't need the situational tables and we don't need to be able to address as many victims and as many perpetrators as we are in society. You alluded to some of the male youth education programs, but how do you see that we could address it even earlier than that?

Ms. Anita Punkkinen: With the male youth, if you get to them—right now they're teaching different programs in the public schools where that's a positive step towards educating the youth. You start at a young age, teaching them what the proper behaviours are and what the inappropriate ones are. Oftentimes, with the busy lifestyles everybody leads, those aren't taught in homes anymore, so now it's going to the educational system to educate the families and educate the youth.

I think the more programs we have to educate them and teach them the proper ways and what is acceptable and what isn't—that's a step in the right direction. You have to start before the problems arise. I think that's going to help us in the long run.

Mrs. Kathryn McGarry: Thank you. The next one I wanted to address is, we've talked a lot about the criminal justice system today and the barriers that survivors are facing. Do you have some recommendations and priorities that we could do to address the difficulties that survivors have in actually coming forward in that system?

Mr. Dan Despatie: Good question. Certainly victims—survivors—are important to us. Some of the recommendations are also some training and education for the members of our judicial system, getting them up to speed, for lack of a better term.

When we speak about crown attorneys and the judiciary, again, it comes back to that awareness piece. With these programs that we have, in many cases I think people will argue—and people have studied—that putting somebody in jail long-term doesn't necessarily change their offending behaviour. So not only do we have to focus on the victims and survivors, but we have to do some work with the offenders as well to give them some of the resources they need in order for them to be able to change their behaviours.

The Chair (Ms. Daiene Vernile): Thank you very much for coming and informing our committee today about the important work that you are doing in the Nickel model. I would invite you to join our audience, if you wish, for our final presenters this afternoon.

TG INNERSELVES SUDBURY

The Chair (Ms. Daiene Vernile): I would call on TG InnerSelves Sudbury to come forward. Thank you. Please have a seat in front of any of the microphones that you see there. Make yourselves comfortable. If you'd like some water, please help yourselves.

1500

You are going to have up to 20 minutes for your presentation, and that will be followed by questions from our committee members. Please begin by stating your names and then begin.

Mr. Vincent Bolt: I am Vincent Bolt and I am the project coordinator for TG InnerSelves.

Ms. Catherine Savarie: I'm Catherine Savarie and I'm a board member for TG InnerSelves.

Ms. Darlyn Hansen: I'm Darlyn Hansen, public relations for TG InnerSelves.

Mr. Vincent Bolt: I'm going to start off with some of the statistics that I brought with me today. The first set of statistics is from the Trans PULSE Project. It is a survey that surveyed 433 transgender participants from across the province of Ontario. These were numbers from 2009-10, just to give a timeframe for when these numbers were gathered. According to the participants in the survey, 20% of them have been targets of physical or sexual assault because they are transgender—20%. They looked further into some of these issues around well-being, mental health, assault and how this impacts overall well-being.

Overall, 77% of people who were surveyed have seriously considered suicide at some point in their lives; 47% had seriously considered suicide in the past year; 43% of the transgender community in Ontario have attempted suicide; and 10% had attempted suicide in the past year. When looking at these numbers of how many people had attempted suicide in the past year, the highest percentage was among youth between the ages of 16 and 24, so this is definitely a problem with the younger ones in our population.

When they broke this down based on who has experienced sexual harassment and violence, for those who have never experienced verbal harassment or physical or sexual violence, 26% had seriously considered suicide in the past year and 4% had attempted suicide in the past year.

For those who had experienced verbal harassment or threats, 33% had seriously considered suicide in the past year and 8% had attempted suicide in the past year, so it had doubled.

For those who had experienced verbal or sexual assault, 47% had seriously considered suicide in the past year and 29% had attempted suicide in the past year.

I don't think it's very difficult to see that there is definitely a relationship between personal experiences of harassment and violence and whether or not suicide is in consideration.

The next report that I have drawn some numbers from is from Egale Canada. They have surveyed high school students from across Canada. This report came out around 2011. In the survey, they found that 35.7% of female sexual minority students—female students who identify as lesbian or bisexual—experienced sexual harassment in their school. For male sexual minority youths—gay or bisexual men—41.4% had experienced sexual harassment in school. For transgender-identified high school students in Canada, 49.4% had experienced sexual harassment in school. When compared to the non-LGBT students, it was only 16.6% of non-LGBT female students who had experienced sexual harassment in school and 23% of the non-LGBT male students who had

experienced sexual harassment in school. Those numbers are still high. We cannot discount that this is still a problem with the non-LGBT students. What also needs to be looked at, though, is why the numbers are much higher for the LGBT students and especially for the transgender students, where it's nearly half.

Some of the other issues around the transgender community and sexual violence and sexual harassment and assault come around issues around police services. First of all, I'm very grateful for our partnership with the Greater Sudbury Police Service. Some fantastic work has been done in Sudbury.

One of the reasons why I'm so happy for this partnership is because in this provincial survey that was done by Trans PULSE, they found that approximately one quarter of the transgender population have experienced police harassment because they are transgender. In looking at whether or not to report this kind of harassment and violence, that is something that is weighing on the individual's mind: "Will I be revictimized when I report this?"

One of the other concerns is, even outside of the police community, as a transgender person who is experiencing issues with gender dysphoria and a lot of discomfort with your body and the parts that make you feel the most uncomfortable, you now have to talk to somebody in a centre about what has happened to your body. The terminology that exists might just not match how you feel about your physical self. So that becomes another barrier in seeking help, in seeking services. When you're somebody who, as in my situation, has transitioned from female to male, you've spent a lot of time and effort on making the outward appearance match how you feel inside. Having to prove that you are a man, but then to sit in front of somebody and say, "I am a man who has been sexually assaulted, and this had happened to my vulva" becomes a very difficult conversation to have.

What is needed is understanding from the person sitting across the room or across the table, who will then be hearing these stories, and how to not only support the person, based on the sexual harassment or assault that had happened, but also to do so in a way that does not minimize their identity as a transgender person.

This is going to segue into what Catherine will be speaking about as well.

Ms. Catherine Savarie: Just to follow up with what Vincent has been saying—and he has provided the statistics—we can see that sexual violence and sexual harassment are very common occurrences for somebody who identifies as being transgender.

But when we also look at the other issues that surround somebody who is in this community, there was another statistic that says 75% of transgender people have some form of post-secondary education, yet make \$15,000 or less a year, which then leads into another topic: How does an individual who is in this community then provide themselves with income?

A lot of trans people engage in sex work. It is a way to generate income, to pay for things like medication and other procedures in the transition process.

Trans sex workers are highly vulnerable to sexual violence, more so than other sex workers who engage in the sex trade.

From some of the work that I have done, and talking to people who do, most trans sex workers rarely report assaults, for multiple reasons: (1) They say it is the stigma of being a sex trade worker; (2) "I'm trans. I don't want to."

I look at this and I see, especially working here in Sudbury—I work at a youth centre, and I have kids who come in there who are aged 16 to 24, and the most vulnerable. I do have a lot of trans youth who access our services, and a lot of them do engage in the sex trade.

They're 16; they don't have a place to live. They cannot be on Ontario Works, because they cannot find a trustee. The shelters can't keep them for too long—they don't fit—so they live on the streets. They have to feed themselves. Do they engage in sex work? Absolutely.

Are they vulnerable? Absolutely. That's another reality when we're looking at this community.

1510

Once again, I have to complement Vincent and say that we are very thankful for our police department here. A lot of the trans community are much more comfortable with reporting crime now due to the work that we have done. We have some great organizations that have worked with us very closely around trans-inclusive policies, but I still think there is much more to be done around education and access to service, the ability to go through your transition without having to wonder how this is going to occur. There should be more awareness. There should be programs very specific to the trans community or even to LGBTQ2 youth. That is desperately needed.

I was very thrilled to hear not that long ago that Toronto finally has 54 beds for LGBTQ2 youth. That will be something that we need here. We have our LGBTQ2 youth out on the street, and they don't fit. They don't fit in the shelter system; they don't fit anywhere. That would help decrease those levels of vulnerability when they're living on the street. Vince?

Mr. Vincent Bolt: I also should mention that when looking at the homeless population, when surveys and studies come out that say between 20% to 40% of homeless populations are comprised of LGBTQ youth, that shows that there is a huge issue there, where you have kids who are now on the street because they are not welcome at home or they're not safe at home. That then becomes the reality: What do these kids do in order to feed themselves or find a safer place to sleep for the night?

The Chair (Ms. Daiene Vernile): Thank you. Do you have any other final commentary?

Ms. Catherine Savarie: No.

The Chair (Ms. Daiene Vernile): Okay. Our first line of questioning for you is from our third party, the NDP.

M^{me} France Gélinas: It's a pleasure to see you all. Thank you for coming and thank you for sharing. The statistics that you shared with us, Vince, were really, really sobering and really scary. I think we've heard how

pervasive sexual abuse and sexual harassment are in our society, but when you deal with trans people, it becomes almost an epidemic. It certainly needs to be looked at and needs to be improved in a way that will work moving forward.

I know that you did not speak, but I will ask you a question anyway. The previous presenter—I don't think you were in the room yet when Dr. Abourbih and Carol were presenting. They were talking about how there have been some changes happening with trans youth, but those same changes have not happened with the more mature trans. You fall in that category—more mature. I just wanted to get a bit of your perspective: Do you see the changes happening also with the more mature trans, or do we need a specific strategy or something different to work?

Ms. Darlyn Hansen: I am seeing a change—yes, definitely—especially since I, with the group here, have been working with the Northern Ontario School of Medicine; quite a bit with them. That has helped to change things, and they're now working towards putting out a paper which will go into every clinic or in the doctor's office so any trans person who goes in there can fill it out and everything is going to be confidential.

From a personal point, I am one of the very few fortunate ones. I have a doctor who has totally accepted who I am. He is also working with the Northern Ontario School of Medicine. His goal is to get things here in Sudbury so that people like myself or others don't have to go to Toronto—because we are up north. That's a long way from there. We just can't do it.

M^{me} France Gélinas: I agree. You guys have been phenomenal in the work that you have done. Before TG Innerselves was formed, Sudbury was a very different community. You have brought changes at every level of our community, and changes for the better. Most of the people here don't know you that well—most of them don't know you at all, actually, except for Glenn, maybe—and I would like you to take a few minutes to share with them who you are, where you started and what you've done. Other groups have talked about you, but an opportunity to brag—you've done great work.

Mr. Vincent Bolt: I'll be the bragger; okay. TG Innerselves actually started off as a social support group, because several years ago there were many attempts to start groups, but it was difficult to get one to stay running in Sudbury. At one point, though, in 2011 or 2012, that's when the groups finally started to stick. In 2012, TG Innerselves as a social support group started to gain momentum, and there were enough attendees to keep going as a group.

In early 2013, Catherine, Rita OLink—who is not here—Darlyn and myself started talking about incorporation. By the summer of 2013, we had become incorporated. This then gave us the ability to apply for funding. In August 2014 we finally had access to this funding and now have a position available, which is me. So now we are able to really expand what we do.

Through the years, we had all done individual presentations. I've been doing presentations in Sudbury since

2007, and I know that Rita and Darlyn have been doing presentations as well throughout the city. Finally, now that we have this funding and we're incorporated, we are capable of doing more workshops throughout the community. We provided training for the entire Greater Sudbury Police Service, all of the police staff and civilian staff, which was phenomenal.

Applause.

The Chair (Ms. Daiene Vernile): Our next line of questioning will come from our government side. MPP Thibeault.

Mr. Glenn Thibeault: Hello, Vincent, Catherine and Darlyn. It's great to see you all again. As France was saying, kudos to all of you and the great work that you've been doing over the last few years—not only the work that you have done with the police and changes that you've made there, but just in terms of helping change our community. It's so important.

I think we're probably lucky in Sudbury to have a group like yours for individuals from the LGBTQ community or the trans community to be able to approach you and find the supports that they need. Other communities might not be as fortunate. Looking at northern Ontario specifically, besides cloning yourselves and putting you throughout the north, what would your suggestions be to help individuals who are in Chapeau or Timmins who don't necessarily have supports like we do here in Sudbury? What would your suggestions be in terms for this committee to be able to try to find ways to provide the supports that are needed for those folks in other communities?

Ms. Catherine Savarie: Do you want me to answer that?

Interjection.

Ms. Catherine Savarie: Yes, actually, we have addressed that. Just recently, we were provided a grant through Rainbow Health Ontario. Actually, Vincent wrote that proposal. What we're doing is starting to look at reaching out to other, more isolated areas in the north. It's in partnership with our French health centre. We're going to be purchasing software called join.me so people can actually log in via a video conference and be able to access support and we can be there, because we physically can't be in those areas. We do have our own geographical boundaries that we have to work in, but we understand that there is a need in more remote communities, so that's how we're going to start. Hopefully, from that project, we will be able to see what is needed. Or maybe this will be the motivation and the impetus for something to happen in those communities. You never know who's going to log in, and they might want to start their own group. We can provide them with that kind of support and assistance to be able to do it in their communities.

1520

Mr. Glenn Thibeault: We've got this great program with our police services here in Sudbury. Again, kudos for the work that you've done on that. In your opinion, would someone who is transgender feel safe enough to approach other police services throughout the north, without

feeling revictimized? Do you feel that more training—because that's a word that we've been hearing a lot today—is needed in all aspects; not just police, but in many aspects. Is that something that you would see as paramount?

Ms. Catherine Savarie: Absolutely. I can only speak to our police department; I can't speak to others. Absolutely, I think that training should be across all police departments in Ontario.

Mr. Glenn Thibeault: And that's part of the video that you were able to create—to be able to provide that training to other police services throughout Ontario and Canada, and around the world, I guess, with the wonders of the Internet these days.

Ms. Catherine Savarie: The video is an absolutely fantastic teaching tool, but I think the impact comes when you have a face-to-face presentation. I think we saw that impact when we did the presentations for the Greater Sudbury police department, when the group was in front of police officers. It's different. So I would strongly suggest that if training was to happen, it would be done in that kind of a format, along with the video.

The Chair (Ms. Daiene Vernile): Our final questions for you today are from our PC members. MPP Scott.

Ms. Laurie Scott: Thank you for coming today. Congratulations. I've learned a lot. Kudos to you on working with all your communities.

MPP Thibeault asked the questions of how you roll this out, especially to northern remote communities. You've answered some of those questions.

Do you see areas in what you know of the rest of the province where police forces—I don't think it's manda-

tory for training, but do you see that evolving into other police forces, that associations like yourselves have gone and done presentations? Or maybe you should be on a road tour and doing presentations.

Mr. Vincent Bolt: We have had some police involvement in previous presentations that we have done. We have made two trips already to Sault Ste. Marie. We were speaking to women's shelters and women's crisis services. For all three of the training sessions that we did in Sault Ste. Marie, police officers were in attendance.

We are hoping that with the training video and with word of mouth, more communities will be interested in this training and more police services will participate.

Today, northern Ontario; tomorrow, the world.

Ms. Laurie Scott: Excellent. That's a great attitude. You're all fabulous. I thank you for coming today. Keep up the good work. I'll be looking for the video somewhere, wherever I can get it. Is there a video? You mentioned a video.

Mr. Vincent Bolt: The training video is on the Greater Sudbury Police Service's website. It's under the "Inclusion Team" link on the drop-down menu.

Ms. Laurie Scott: Awesome. Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you, folks, for coming in here today and sharing your insights and your experiences with us. Your presentation is going to help to inform us as we make our recommendations to the Ontario Legislature.

That concludes our hearings for today. We reconvene tomorrow at 9 a.m.—that's April 9—in Thunder Bay.

This committee stands adjourned.

The committee adjourned at 1525.

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

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Première session, 41^e législature

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Thursday 9 April 2015

Journal des débats (Hansard)

Jeudi 9 avril 2015

Select Committee on Sexual Violence and Harassment

Strategy on sexual violence
and harassment

Comité spécial de la violence et du harcèlement à caractère sexuel

Stratégie de lutte contre
la violence et le harcèlement
à caractère sexuel



Chair: Daiene Vernile
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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

COMITÉ SPÉCIAL DE LA VIOLENCE ET DU HARCELEMENT À CARACTÈRE SEXUEL

Thursday 9 April 2015

Jeudi 9 avril 2015

The committee met at 0900 in Valhalla Inn, Thunder Bay.

STRATEGY ON SEXUAL VIOLENCE AND HARASSMENT

The Chair (Ms. Daiene Vernile): Good morning, everyone. The Select Committee on Sexual Violence and Harassment will now come to order. I'd like to welcome all the presenters and guests who are here with us today.

Let me share with you the mandate of this committee: We are here to listen to the experiences of survivors, front-line workers, advocates and experts on the issue of sexual violence and harassment. You will inform us on how to shift social norms and barriers that are preventing people from coming forward to report abuses. Your advice is going to help to guide us as we make recommendations to the Ontario government on dealing with systemic sexual violence and harassment. However, I do want to stress that we do not have the power or the authority to investigate individual cases. That is better left to the legal authorities.

We welcome you and thank you for adding your voice to this important issue.

ONTARIO NATIVE WOMEN'S ASSOCIATION

The Chair (Ms. Daiene Vernile): I'd like to now call on our first presenter, Karli Brotchie. Please come to the front. Take a seat where you see a microphone, Karli. You'll have up to 20 minutes to make your presentation, and that will be followed by questions from members of our committee, who are gathered around the table here. Please begin by stating your name for the record, and begin after that.

Ms. Karli Brotchie: Good morning. My name is Karli Brotchie. I'm an ending-violence-against-aboriginal-women policy analyst at the Ontario Native Women's Association here in Thunder Bay. As Ontario's voice for aboriginal women and their families, the Ontario Native Women's Association is pleased to present to the select committee as it begins to review Ontario's response to sexual violence and harassment.

ONWA is a not-for-profit organization established in 1972 to empower and support aboriginal women and

their families throughout Ontario. ONWA has considerable experience in the area of violence against indigenous women. In 1989, ONWA released *Breaking Free: A Proposal for Change*, a research report that was the first to highlight the shockingly high rates of violence aboriginal women experienced and, unfortunately, continue to experience.

In 2015, we updated this report through a community-based research project and uncovered the importance of culturally appropriate programming for indigenous women. In addition, ONWA currently participates in the Joint Working Group on Violence Against Aboriginal Women with four aboriginal partners and 10 ministries, and co-chairs the subcommittee on human trafficking.

In 2007, ONWA and the Ontario Federation of Indigenous Friendship Centres held a strategy meeting, the Summit to End Violence Against Aboriginal Women, with the goal of developing a framework to end violence.

From this meeting came the Strategic Framework to End Violence Against Aboriginal Women. Authored by ONWA and the OFIFC, the foundational principles of this document provide direction to our analysis. Those principles, which are echoed in this submission, are:

- that violence against aboriginal women must end;
- to successfully end violence, all people affected by violence—the victim, the abuser and the families—all need to have specific supports;
- that violence against aboriginal women is always done within the context of the community and, as such, the community as a whole has a central role to play in addressing the issue;
- that violence against aboriginal women is rooted in systemic discrimination and, consequently, issues of gender, race and cultural exclusion must be considered in addressing these contributing factors;
- that flexible, evolving and ongoing efforts must ensure government and aboriginal community coordination and collaboration;
- that, to be effective, all activities required to address violence against aboriginal women must be directed, designed, implemented and controlled by aboriginal women;
- that gender-based analysis must underlie all work; and
- that the capacity of aboriginal communities and governments to respond to crimes committed against aboriginal women must be strengthened.

This presentation is informed by our knowledge of the Action Plan To Stop Sexual Violence And Harassment, as well as our experience in working with aboriginal women and their families.

ONWA's submission is also shaped by our overarching mandate to provide the supports and resources necessary to empower aboriginal women and their families to build capacity within our communities and increase opportunities for collaboration for aboriginal women at the provincial and federal levels.

ONWA strives to address and respond to service gaps and barriers that continue to impact our people, recognizing that aboriginal women continue to be marginalized by mainstream systems. It is only with the full inclusion of diverse aboriginal women's voices that policies and programs will be successful in meeting the unique needs of aboriginal women and their families.

ONWA is the voice of aboriginal women in Ontario. As such, we must ensure that the needs of these women and their families are reflected in government policies and legislation, and that culture-based and community-driven solutions are supported. This is particularly needed, because aboriginal women experience shocking disparities in rates of violence.

Indigenous women account for 11% of dating homicide victims and 10% of non-intimate-partner violence. Between 2001 and 2011, at least 8% of all murdered women aged 15 and older were indigenous, a number that is double their representation in the Canadian population. Up to 50% of indigenous women experience childhood sexual violence, and 70% of those women do not report their sexual violence. Given these high rates, the government must do more to protect the safety of indigenous women and children.

We're calling for an indigenous-specific sexual violence and harassment strategy. In order to comprehensively address the unique needs of Ontario's indigenous women in a culturally safe manner, an indigenous-specific sexual violence and harassment action plan that accurately reflects the magnitude of the issues I mentioned above within an aboriginal context, and their impact upon the lives of aboriginal women, must be created. This must address the specific histories and experiences of aboriginal women and their children.

Moreover, as our update to the original Breaking Free report found, aboriginal women's healing is facilitated largely through cultural-based and culturally specific programming that provides safe spaces for indigenous women to develop relationships and build communities.

The joint working group is currently in the process of developing a long-term strategy to end violence against aboriginal women, and we're also in the process of developing a separate strategy specific to ending sexual violence. These plans are necessary to increase the safety of aboriginal women and children. ONWA would like to see this vitally important work continue; however, without annualized funding to the joint working group, it's unclear if it will. The joint working group has received funding for the next two years, but more

comprehensive, long-term and sustainable financial support is required to carry out sufficient campaigns to remedy the systemic violence aboriginal women and girls experience.

There is a need for culturally competent victim services and supports. The effective silencing of victims of crime has been witnessed by countless generations of indigenous women. For some, the extent of their victimization is so deeply ingrained within their lived experience that it's difficult for them to recognize that they are victims, to acknowledge that their rights have been violated.

Culturally safe programming, supports and education are critical to countering the trauma that has cycled through generations. Sexual violence is rooted in the legacy of residential schools, colonization, forced assimilation of aboriginal women through the Indian Act and other policies, and systemic discrimination that resulted in the loss of culture, roles, family and community structure for First Nations, Métis and Inuit women.

Indigenous organizations, agencies and communities should have an instrumental role in the designing and delivering of victim services and programming, recognizing that these organizations have valuable knowledge and experience to inform the discussion around sexual violence and harassment.

It's imperative that all support workers who work with vulnerable populations receive cultural safety training developed by aboriginal organizations, to ensure that they are equipped with the skills and knowledge necessary to support the unique needs of indigenous victims of sexual violence and harassment.

Support workers should also receive education on trauma—historic and intergenerational—to facilitate their understanding of the root causes, as well as the importance of culture and identity in healing.

0910

We'd also like to see more navigational supports for victims. These should include special provisions to facilitate and accommodate the unique needs of indigenous women, recognizing that indigenous women are especially vulnerable to violence, both general and sexual. Statistics have further indicated that the risk is the most high for indigenous youth.

In developing policing tools, factors which function as barriers to the participation of victims of crime in the justice system must be eliminated, recognizing that many of these barriers, such as a lack of support, fear of authorities etc., are inherently systemic. A recent report was published called *Those Who Take Us Away*. It revealed that there's a culture of fear surrounding police that is so widespread in indigenous communities that they're scared to step forward. Aboriginal women with children in particular fear retaliation if they step forward. They fear that child welfare will become involved. Many are left with no option but to leave their homes to escape violence, which leads to further vulnerabilities and risk of violence.

Policing tools should not only address the needs of victims who have reported incidents of sexual violence

and harassment, but also address the issue of under-reporting, as this is an issue of concern, particularly for indigenous people. Cultural competency training for members of law enforcement should also be provided. We found that 74% of respondents who have experienced sexual violence did not report their victimization. We need to address that.

There need to be additional supports for indigenous children and youth victims of sexual violence, and this is especially sad. Indigenous children are far more likely to be victimized than non-indigenous children. Up to 75% of those survivors of sexual violence in aboriginal communities are young women under the age of 18; 50% of those are under the age of 14 and, shockingly, 25% are under the age of seven. Special attention should be paid to the high number of indigenous children who are child-welfare-involved. Current estimates suggest that up to 85% of indigenous children in foster care are experiencing sexual violence.

We need an increased role for indigenous women's organizations. Funding should be targeted towards increasing the capacity of these indigenous organizations, agencies and communities to develop, deliver and evaluate preventive programming as well as community-based support services. Recent studies and reports have demonstrated the critical importance of addressing the root causes of violence against aboriginal women and girls.

It's precisely ONWA and our indigenous partners, such as the OFIFC and the Métis Nation of Ontario, who have this necessary expertise and the relationship with indigenous women and their families to carry out this work. However, it will not be possible without the necessary financial supports. Indigenous women should be spearheading initiatives designed to prevent and address sexual harassment and violence, and they should be provided with increased opportunities to advance these issues within a leadership capacity.

Aboriginal culture is a critical piece of prevention, and the culture-based, culture-driven models which our organizations use are uniquely placed to act as inhibitors to negative behaviours and choices. Culture has been demonstrated to be fundamental to aboriginal women's ability to generate a positive self-identity, to nurture healthy relationships and to enhance well-being.

Culture-based programs and services provided by and for aboriginal organizations generate outcomes that reduce the social and economic burden of aboriginal histories of oppression and exploitation. Socially, they create momentum for conversion of vicious cycles into virtuous cycles of expanding individual, family and community well-being, thereby improving the results of subsequent interactions for following generations.

Non-aboriginal approaches to programs and services have not been well received in the aboriginal communities, as they often fail to reflect aboriginal values, beliefs and traditions. This failure inhibits their uptake and their effectiveness in dealing with the significant challenges with which aboriginal people contend. Ongoing colonialism has embedded mistrust over initiatives or structures that are directed by external sources.

Aboriginal control over programs and services focuses on aboriginal strengths: resiliency, autonomy, spirituality, nurturing cultural pride and strengthening cultural identity. With aboriginal control, programs and services are proactive rather than reactive, responsive to local aboriginal needs in a timely manner, and are more preventive than curative. Aboriginal control over programs and services will require significant sustainable financial and human resources. The government must provide assurances that the necessary resources will be there.

Any plan to address violence—sexual violence, in this case—should provide a clear mechanism for input from indigenous women. Currently this action plan delegates this task to the Joint Working Group on Violence Against Aboriginal Women, as mentioned earlier, whose funding has not been annualized. Without this commitment from the government, it is uncertain if the critically important work of the joint working group can continue.

With the joint working group currently developing our long-term responses to all forms of violence against indigenous women and girls, there's critical work that will need to take place well after the current two-year funding agreement ends. In developing this long-term response, we anticipate that concrete and measurable outcomes will be developed to track changes in all forms of violence against indigenous women and girls in Ontario. Thus, it is only with annualized funding that our organizations will have the capacity to monitor these changes and to provide the accountability to aboriginal communities that is needed to ensure that all violence against indigenous women and girls ends.

We advocate for curriculum changes. The action plan mentions updating curriculum to help all students from grades 1 to 2 understand root causes of gender inequality, healthy relationships and consent. It acknowledges that awareness is necessary to challenge attitudes, to promote immediate change in rape culture and to encourage a long-term generational shift to end deep-rooted attitudes and behaviour.

ONWA agrees with this approach but advocates taking it one step further. Indigenous women in Ontario are not only impacted by misogynistic attitudes and gender-based violence, but also systemic racism and colonialist practices. The curriculum should also address the linkages between colonialism and the devaluation and subsequent increased sexual violence that aboriginal women and girls are subject to.

ONWA has recently completed research that examines the ways in which aboriginal and non-aboriginal children can learn about violence against aboriginal women as well as the traditional and current contributions of aboriginal women to Canadian society. This research found that both aboriginal and non-aboriginal students are interested in learning about these histories, but the current knowledge that they are given is simply not adequate. To change this, ONWA is recommending that the Ministry of Education and Ontario school boards work with the aboriginal organizations and communities to develop a curriculum that accurately reflects the

histories and contributions of aboriginal women in Ontario.

Lastly, this province and country have historically developed policies and legislation that have devalued and forcibly assimilated indigenous women, erasing our governance roles in the process. Currently there are policies and legislation that disproportionately affect aboriginal women and their families. One such piece of legislation is the Child and Family Services Act, the 2015 review of which ONWA participated in with our aboriginal partners, with the Métis Nation of Ontario and the Ontario Federation of Indigenous Friendship Centres.

In addition to this legislation, a review of policies that impact indigenous women's risk or services related to sexual violence and harassment should be undertaken to uncover where changes might be made and where new policies and legislation can be developed. ONWA and our new aboriginal partners have significant policy capacity in this area and are experienced in working with government ministries and staff to respond to and co-develop policies.

The Chair (Ms. Daiene Vernile): Ms. Brotchie, you have one minute left.

Ms. Karli Brotchie: In providing such opportunities to aboriginal organizations, the Ontario government can ensure that indigenous women's voices are heard on the issues immediately impacting our risks of sexual violence and harassment.

ONWA supports all measures that are taken to ensure the safety of indigenous women and girls. Thank you for allowing ONWA to present to this select committee. We appreciate the opportunity to help shape the government's response to sexual violence in Ontario.

The Chair (Ms. Daiene Vernile): Ms. Brotchie, thank you very much. Now our committee members will have some questions for you. We begin with our opposition members. MPP Hillier.

Mr. Randy Hillier: Thank you very much, Karli, for being here today. I just have a few short questions. The first one: The data and the statistics that you were presenting earlier in your presentation—is there any variation in those statistics that were measured between native women on-reserve as compared to off-reserve? Did you make that distinction? If there was any distinction, do you have those—

Ms. Karli Brotchie: I don't have them in front of me. That statistic—I'm assuming you're referring to the statistic that says 50% of indigenous women have experienced sexual violence?

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Mr. Randy Hillier: Yes. There was a host of them.

Ms. Karli Brotchie: To me, that was the most shocking statistic. What that came from was a review of pretty much every study that has been done on indigenous women and violence.

Mr. Randy Hillier: So—

Ms. Karli Brotchie: It was across Ontario.

Mr. Randy Hillier: Okay.

Ms. Karli Brotchie: Actually, I think it was across Canada. And to be clear, it wasn't a direct study, so the

researcher didn't go and poll every indigenous woman; it was a review of all previous studies on violence against indigenous women, and this was the number that they came up with.

Mr. Randy Hillier: And as far as you know, did that study break it down between differences? Was there any—

Ms. Karli Brotchie: That study did not, but it wasn't the purpose. The actual purpose of that study was just to come up with an accurate number, but I can get that information for you, if you'd like.

Mr. Randy Hillier: Yes, if that's available—

Ms. Karli Brotchie: It certainly is.

Mr. Randy Hillier: —if there is a discrepancy, variation or difference. That would be important.

Ms. Karli Brotchie: I anticipate that we will find that there's a difference, and I can get that information to you.

Mr. Randy Hillier: Okay. There are two other things I want to—when you mentioned about the principles, you mentioned specific programs, and then later in your presentation you made reference to specific barriers in existing legislation. I'm going to ask, does ONWA have a list of specific proposals, either legislative, educational or support-wise, for programs that are detailed or legislation that is detailed that you believe would be beneficial to have enacted?

Ms. Karli Brotchie: Our department at ONWA is new—the policy and research department is quite new—so we're in the process of doing a scan of all legislation that may impact indigenous women.

Mr. Randy Hillier: I know you mentioned the Child and Family Services Act and you mentioned the review, but is there anything in there specifically that you've found to be an impediment or that frustrates women coming forward and/or finding justice when these problems occur?

Ms. Karli Brotchie: I regret that I cannot answer that question. My file—I mostly do violence against aboriginal women, but we do have policy analysts at ONWA who review that particular legislation. So I can put you in contact with that woman, but I'm afraid I don't know the answer to your question.

Mr. Randy Hillier: Maybe if there are specific programs or education, the committee would be—

Ms. Karli Brotchie: I will certainly send that information.

The Chair (Ms. Daiene Vernile): Thank you, MPP Hillier. Our next set of questions is from our NDP caucus, from MPP Sattler.

Ms. Peggy Sattler: Thank you very much for the presentation. That was excellent.

I just wanted to clarify: I understand that there's this process currently under way with the joint working group, and you're looking at creating a long-term response to ending all forms of violence against indigenous women, but you also talked about the need for an indigenous-specific approach to ending sexual violence and harassment. Do you see that as being incorporated

into the joint working group's process, if there was sufficient funding? Because you also made that—

Ms. Karli Brotchie: Absolutely. The joint working group, actually, is working alongside the long-term, and indigenous-specific, response to sexual violence. So we are planning on addressing this, but it's been difficult with the funding in place only for two years. But absolutely, that is a task that the joint working group is taking on.

Ms. Peggy Sattler: Okay. What are the timelines that you're working toward on developing that plan?

Ms. Karli Brotchie: We're beginning the planning of the long-term response, actually, in May.

Ms. Peggy Sattler: It's beginning in May?

Ms. Karli Brotchie: Yes. Unfortunately, I do not know the end date off the top of my head, but the process is beginning very soon.

Ms. Peggy Sattler: Okay. And the response to sexual violence and harassment will be sort of parallel or fully integrated into the long-term response?

Ms. Karli Brotchie: To the best of my knowledge, yes.

Ms. Peggy Sattler: Okay. Thank you for that clarification.

My other question was around—you mentioned a couple of things. You talked about the positive outcomes associated with culturally competent approaches to ending violence against indigenous women. Do you have some specific data that you could share with this committee later, reports that you could file that show us the kinds of positive outcomes that are associated with those approaches?

You mentioned the need for cultural safety training developed by indigenous women. Are there already those programs in existence that could be borrowed and adapted and shared, on a provincial basis?

Ms. Karli Brotchie: To answer your last question, I am not aware, off the top of my head, of any cultural safety programs that are running—

Ms. Peggy Sattler: I think those are the words you—

Ms. Karli Brotchie: —although I'm sure that there are.

Ms. Peggy Sattler: Okay.

Ms. Karli Brotchie: I'm just having difficulty thinking this morning.

Ms. Peggy Sattler: You're doing a wonderful job. It was a wonderful presentation.

The Chair (Ms. Daiene Vernile): Thank you very much, MPP Sattler.

You're almost done. Just one more set of questions, from MPP McMahon.

Ms. Eleanor McMahon: Thank you, Karli. I think I speak for all of us in thanking you for coming here today and saluting you for your wonderful presentation. Just breathe, and it's okay.

As I mentioned to you before, when we were chatting, we're here to learn from you. The presentation that you made impacted us all.

Ms. Karli Brotchie: Thank you.

Ms. Eleanor McMahon: So thank you for your work. We want to salute you.

If I may just ask you, and through the Clerk as well, to share with us some of the studies that you highlighted—the 2007 study, *Breaking Free*, and the *Those Who Take Us Away* work that you mentioned. To echo my colleague's comments, if there's any other research that you think would be appropriate, we'd love that.

You mentioned some very compelling and heartbreaking statistics. I'd like to zero in on a few, and if you don't know the answers, it's okay. That's all right. My brain is full most days. If you can't think of it now, maybe you can follow up with us, and that's great too.

Ms. Karli Brotchie: Absolutely.

Ms. Eleanor McMahon: One of the really alarming ones that stuck out for me was the children under seven, and 25% of them—can you talk about that a little bit? Where did that come from? I'm not questioning it, by the way. It's alarming and heartbreaking.

Ms. Karli Brotchie: It is heartbreaking. That came from a study that was completed in 2009. Unfortunately, I don't have the author here.

Ms. Eleanor McMahon: That's okay.

Ms. Karli Brotchie: It was shocking to me, and it's probably shocking to you, but I don't think that this would necessarily be shocking to somebody who does front-line work in the child welfare field.

Ms. Eleanor McMahon: No.

Ms. Karli Brotchie: And it's certainly unacceptable. I'm certain that the child welfare workers, as well, think this is unacceptable.

We've got so few resources, so few homes to place these children in. I'm sure we've all been following the news about these children who are housed in hotels in Winnipeg—not to suggest that this is going on in Ontario in a similar fashion. You've got murders and sexual assaults. We don't have enough resources to care for these children appropriately.

These children are being removed from their homes, and these homes have experienced, in many instances, intergenerational trauma and things like this. They don't have appropriate mechanisms to be parents. Instead of helping people to be parents, we're apprehending children. There's quite a mess that's going on there.

I can send that study on to you as well—

Ms. Eleanor McMahon: That would be great.

Ms. Karli Brotchie: —because, unfortunately, I just have highlighted one piece. But I'm sure that the entire thing is even more heartbreaking.

Ms. Eleanor McMahon: And enormously helpful.

The other statistic, of course—85% of aboriginal children in foster care are being abused. That's another one that really caught my attention and I'm sure it did others' as well.

If you could share that with us, that would be great.

The Chair (Ms. Daiene Vernile): Thank you very much, MPP McMahon.

Ms. Eleanor McMahon: Thank you, Chair.

The Chair (Ms. Daiene Vernile): Ms. Brothie, as mentioned by the committee members, if you can forward your research information to us, it would be appreciated.

Also, what you read to us this morning: If you have an extra copy, our Clerk would like to get a copy. If not, if you can email it to us.

Ms. Karli Brothie: Certainly.

The Chair (Ms. Daiene Vernile): Will will bring you a card right now. We're looking forward to receiving your information. Thank you very much.

Ms. Karli Brothie: Thank you.

The Chair (Ms. Daiene Vernile): You are now invited to join our audience, if you wish, to listen to this morning's presenters.

SHELTER HOUSE

The Chair (Ms. Daiene Vernile): I'd like to call up our next presenters, Patty Hajdu and Brad King, from Shelter House. Please approach the committee and have a seat. You have up to 20 minutes to make your presentation. For the record, if you could both please state your names, and begin.

Ms. Patty Hajdu: Great. Thank you very much, select committee. I am Patty Hajdu. I'm the executive director of Shelter House.

Mr. Brad King: I'm Brad King. I'm the program manager of Shelter House.

Ms. Patty Hajdu: We're very pleased that you've given us this opportunity to talk to you about the issues of sexual violence and harassment that people in Ontario face. I say "people" purposely, for although women disproportionately face sexual violence, we know that boys and men are also victims.

As we mentioned our names already, I don't have to do the introductions, but I will tell you a little bit about Shelter House. Shelter House is a low-barrier homeless shelter in Thunder Bay that provides services to men, women and youth who are homeless and who are living in poverty. We provide short-term shelter to 62 people every night and we provide harm-reduction-based supportive housing for 15 men and women living with severe alcoholism. Our street outreach service program, which is new, provides 12 hours of daily outreach where we support people who are street-engaged to access medical, withdrawal management or shelter services. We do all of this through some dedicated funding, mainly provincial, a lot of grant writing and a significant annual fundraising commitment.

I'm sure you've heard a lot about many other issues that women and people face around sexual violence and harassment, but the focus of our presentation today will be on the experiences that we know of the clientele that Shelter House serves: those of people who are homeless and living in poverty.

I will cover three key themes that contribute to the high degree of risk and victimization that people who are

living in poverty and homelessness face and then offer some evidence-based solutions.

Theme 1: Shelter spaces cannot protect people from sexual violence or harassment. Firstly, the options for women without housing are severely limited. In smaller communities like Thunder Bay, women who are unhoused often don't have access to gender-specific sheltering. In Thunder Bay, women who are not eligible for violence-against-women shelters are in the position of either staying where they are or seeking shelter at Shelter House. Our segregated dorms offer some degree of safety, but the common spaces are mixed, as is the dining room and any other space in the shelter. Women may be forced to stay in the same facility that is also housing their abuser. The victim may not be comfortable telling staff or anyone that they are at risk or have been traumatized, fearing strong reprisal from their abuser.

Inter-gender violence is also difficult to manage in a dorm-like setting with open shower space stalls, especially in large dorms. For example, our male dorm space has 27 beds.

Both women-specific shelters in Thunder Bay are designated as being for women who are fleeing violence. The structure of these women's shelters is such that the woman must be fleeing a current violent relationship, and women staying at either shelter must not use substances while they're staying there. Women who use substances or are caught using substances while staying at a women's shelter are not able to continue staying there and instead must seek shelter in other facilities or with other people.

In the case of Thunder Bay, Shelter House is the only other alternative for women who are unhoused. Our facility is also low-barrier, which means that people who use and are under the influence of substances are welcome. However, one consequence of this low-barrier philosophy can be a very sexually charged environment, with verbal, physical and other forms of violence and harassment present at various degrees and various times.

Our staff work diligently to ensure that people are safe, but not all interactions and areas can be monitored at once. As a result, residents may face sexually violent statements or threats that are not observed or reported.

The second point is that the unhoused or precariously housed LGBT population are often victimized and cannot access shelters. People living in poverty in need of emergency shelter who are gay, bisexual or transgender also face risks of sexual violence and intimidation in a shelter space. Just as in the case of women, shelter spaces are not safe spaces for this population, either physically or otherwise, meaning that some may avoid seeking short-term shelter and instead stay in situations where they are at great risk.

Youth is another population who have even fewer options and are at extremely high risk for victimization when precariously housed or unhoused. Youth who are homeless and staying at shelters that house adults as well are at great risk for victimization. Personally speaking, this is one of the most heartbreaking things to witness as a practitioner.

Shelter House continues to offer this service because youth-specific sheltering is not available elsewhere in this community. We accept youth ages 16 and over. However, our admissions, thankfully, in the between 16 and 18 age category is less than 1% of our total population. I say “thankfully” probably from our perspective, but from the perspective of youth, we don’t think it’s because there’s less of a need; we think it’s because the alternative of staying in a homeless shelter that’s low-barrier is terrifying for most youth that age.

Youth ages 16 to 24, however, make up 25% of the people who we serve. That’s a shocking statistic as well. Youth at the younger ages, in particular, who have not been street-involved for very long, for example, are at high, high risk of victimization and predation by the population that we serve, and our facility is not staffed in a manner that can protect young people from risk or improve their social or health outcomes. It very much is a band-aid solution.

We suspect that at-risk youth are often in similar situations as women, where they perceive their current situation as safer or better than what they perceive the environment will be like in a homeless shelter. A lack of youth-specific sheltering likely prevents youth from leaving the situations where they are either being victimized or are at risk of being victimized.

Sex workers are also a population at risk and are often homeless but not visibly so. Sex workers are often victims of sexual violence and are often precariously housed. They are frequently considered in the hidden homeless population, as their survival depends on the male that they are being used for to generate revenue.

The second theme we want to talk about is that most services—and I mean in Ontario—are not trauma-informed or harm-reduction-based. Despite a focus on patient-centred care, and I’m sure everyone’s familiar with that phrase, health care services are often traumatizing for people who have been victims of sexual assault.

The people we serve are often facing extreme physical and mental health concerns and have had many, many negative experiences in health care settings. Some refuse to visit the hospital or deny emergency medical services, even in extreme distress.

Stereotypes about street-involved people, and aboriginal people, who make up about 80% of the population that we serve, result in care that can be unkind at best and dangerous at worst.

A recent story relayed by a health care service worker highlights how sexual trauma is not adequately addressed for people who are unhoused. A woman who had a history of homelessness, addiction and a suspected diagnosis of FASD was brutally victimized while living on the street. Her disfiguring wounds were difficult to treat, and she was also not a compliant patient. After some time, the hospital that was treating her felt that options had run out in terms of her treatment. She would not consent to a specific type of bandaging practitioners were recommending, and she would often leave the facility

without notice, returning after a day or two. The hospital could not find an alternative to a homeless shelter for discharge. The woman is once again unhoused, a sporadic resident at Shelter House, and at great risk for revictimization and worsening health. I should note that the wound is still open and untreated.

Many services require abstinence for participation or goals, despite all evidence against this approach. Many programs that have mandates to reach the hardest to serve still focus on abstinence as a precursor to receiving services. I could have spent my whole 20 minutes talking about abstinence-based care.

Treatment programs in Ontario are almost all focused on abstinence-based goals and few are culturally appropriate or trauma-informed. After-care transitional homes often mandate discharge if a person relapses, despite scientific evidence that relapse can be expected as a course of recovery. Mandatory discharge without an alternative housing arrangement places people who have been victimized at risk all over again.

A lack of trauma-informed care is evident across sectors and services. Trauma-informed care and facilities can provide women and victims of sexual assault a safe place to seek shelter and recover. But few services offer trauma-informed care, ours included.

In the case of Shelter House, not only does our physical layout and our broad mandate negate a trauma-informed environment; so does the reality of doing this work on a budget that is underfunded, resulting in extremely low wages and a very high casual pool of employees. Low employee retention makes even the basic training of non-violent conflict resolution and first aid challenging to maintain for us. Little time or money is left to ensure universal training and higher orders of skill sets, including trauma-informed practices.

The third theme I want to touch on—and this also is a very broad theme, and I’m sure you’ll hear more about it across the province—is that institutional structures contribute to the worsening mental and physical health of people who are victimized. For example, the experience of women who are street-involved is often discredited. We see, from our vantage point of offering emergency and supportive shelter for men and women in a mixed shelter, that women who have been victimized or harassed are often not able to access safe spaces away from their abuser. Women who are street-involved are often not given the same level of service response as those who are not. Women are frequently doubted, judged and told in verbal and non-verbal ways that their stated experience is not true, that it’s not that bad, that it’s not worth reporting. Sex trade workers are not taken seriously when they report victimization, and this repeated negation of their experience can lead women to give up trying to report their victimization over time.

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Bullying and intimidation in the population also prevents “ratting out” or reporting. Fear of further victimization can silence victims from reporting the violence or harassment that they’re experiencing. People who report

their abuser are not guaranteed protection if charges are not laid, or if their abuser is given a short sentence or is released on an early parole.

The grey area about when charges are laid is also a deterrent, as many street-involved people have experienced reporting an incident of violence that was then deemed consensual, with no charges laid.

The solutions that we offer begin with a stable foundation. Of course, you know I'm going to talk about a range of affordable housing. A range of affordable housing is critical to healing and safety. When we say a range, we mean a range of housing that is highly supportive, all the way to independent living. Housing provides the safety and security to begin healing from trauma, from abuse and from substance use issues.

The housing options must be comprehensive and include considerations of the levels of support, and transitional housing must reflect the science of substance use recovery, which now acknowledges that relapse is an expected part of a person's recovery process.

The second theme in a solution-focused vision is that emergency shelters should be adequately funded to ensure minimal risk of further victimization. We need segregated spaces or facilities as necessary, specialized staff with trauma training and safe spaces training, and core funding that allows organizations to focus on service delivery rather than the constant cycle of seeking funds through fundraising.

Thank you very much for your interest and commitment to this issue. It's encouraging to be asked about solutions to this very serious and common issue, and we welcome questions.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first questions will come to you from our NDP caucus.

Ms. Peggy Sattler: Thank you very much for that excellent presentation. You talk about the need for segregated spaces for women and youth. Is this something that you haven't been able to access funding for within the community? The barrier is strictly funding to create these segregated spaces, so within Shelter House itself, you've just had to try to create these temporary dorms?

Ms. Patty Hajdu: Shelter House was designed with segregated dorms and even meeting spaces. It was a really innovative design in 2006 that looked at perhaps providing resource spaces so we could bring in social workers. However, what happened was that the building was purpose-built for 42, and never with the consideration of sheltering youth. At the time, there was actually a youth facility, which later closed down due to funding issues.

What happened was that there was an unanticipated growth in the homeless population. So every single space that we use now is covered in mats at night. Because of fire code rules, you can't actually have furniture that's not movable in spaces where you're sleeping people, so the resource rooms are now vacant in the daytime, and sometimes multi-purpose if we can move things in and out, but they're generally reserved for the mats, the 20

extra mats that we put out. So the building was purpose-built for 42, now sleeps 62 and includes youth.

Ms. Peggy Sattler: Okay. The other question I had was around the fact that you allow people who are using substances to access your services. Yesterday in Sudbury, we heard from an agency that also allows people who are using to access the services, and they said that they got pushback—major pushback—from the funder in order to deliver that kind of service. You mentioned that most agencies don't allow people who are using. Can you talk a little bit about how you managed to make that transition to include people who are using substances among the people you serve?

Ms. Patty Hajdu: To be fair, I think the transition happened prior to me being the executive director, and it was done on an informal and casual basis, depending on the staff that were working. So there was no policy, but there was often a practice. When I became the executive director, I thought that we actually needed to state that that was our practice. We sell it to the community as a very valuable service—an essential service, really—because if you can imagine, probably at least half of the people who we serve are chronic substance users and chronically intoxicated. If you could imagine those folks unhoused, part of the sales strategy that I use in the community is that we are providing an essential service to the community.

We have had really very little pushback from the funders. The core funding that I spoke of comes through the Community Homelessness Prevention Initiative, which is Ontario funding through the DSSAB; however, we also get some municipal funding. We also have a number of other small provincial grants and a very little bit from the federal HPS funding. The remaining is fundraising.

We actually actively use the media to promote our message around how we contribute to a safer community for everyone, and we really use a public health focus that this is a social determinant of health, and that if we can keep these folks as healthy as possible, the entire community is healthy. We've had some degree of success in selling the concept that it's good for them and it's good for all of us.

The Chair (Ms. Daiene Vernile): Thank you. Our next questions will come from our Liberal caucus. MPP McGarry?

Mrs. Kathryn McGarry: Thank you very much, Patty and Brad, for coming in today. Although it seems overwhelming, your needs for the shelter and the populations that you serve, you're doing great work. It's hard to even know where to prioritize where to begin. I would imagine your organization speaks about this regularly.

There are a couple of things that I want to focus on. One, how are you integrated with other providers in the area? And would those providers provide some of the programs and counselling and some of the services that your population needs, either inside your area or do you have partnerships where you can provide those services with one of your organizations?

Ms. Patty Hajdu: I'm going to let Brad answer that, but I'll just preface it by saying that there is no funding for the position of program manager. We are actually using, right now, reserve money to pay for a salary just to do that, to stabilize our partnerships and to boost our partnerships. But I'd like to let Brad answer that question.

Mr. Brad King: Yes, we've been able to forge many partnerships with other organizations. Unfortunately, on the core issue of housing, the need is not being met, although we do work with a number of agencies that assist people in finding housing. Just the number of barriers to people who are using substances and the way the health care system is set up—we are able to make great strides for some people and we have had some success bringing our message out to the community and getting these needs met, but really, at its core, I think it is a systemic issue, as far as the lack of harm-reduction-based services. We just don't have those services, so there are a lot of people from other organizations that actually do share our philosophy, but systemically, it's very difficult to navigate people through the system. There seems to be, sometimes, more gaps than services.

Mrs. Kathryn McGarry: The abstinence-based care model speaks a lot to me because of my background before I was elected, recognizing that, yes, if somebody can't be sober and clean, then where do they get services? Would that be your main priority to start? If you were able to put a wish-list forward, I would imagine funding is at the top of it, but number 2, would it be programs, housing and shelters that will accept—

Mr. Brad King: True harm-reduction-based services, not just in words but in actions and trying to integrate the substance and mental health and physical health systems, are presently very siloed. If somebody has all of those issues going on, they don't fit one specific mandate. What we would like to suggest is to try to have organizations fit their mandates to the needs of the people rather than to slot the people in to meet the individual mandates.

Mrs. Kathryn McGarry: I appreciate that and I certainly understand where that's going. The eligibility criteria, then, you feel need to be broadened and, as I said—

Mr. Brad King: Very much so.

Mrs. Kathryn McGarry: The last question I just wanted to talk to you about was training. How do you see that rolling out if, again, you had a wish-list on how to make sure that everybody was adequately trained for the needs that you're needing to look after?

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Ms. Patty Hajdu: That's a really big question. I think one of the things that helps for sure is to be able to pay people a decent salary, so that you can retain people.

Part of the challenge for us is that the training is ongoing. It's a low wage. It's slightly better, through our last collective agreement, but still quite low. So we attract people who are either uneducated and are there because this is a job that they can actually get, with the education that they have, or brand new people who are

starting off their career, and this is a really great launching pad. Our best-case scenario is that we can hold on to someone for a couple of years. We have a few outliers.

But what that does is make constant training difficult, because people receive a bit of skill, and then off they go to the next job, and we're starting at the beginning. We can never get to those higher-level skills. Trauma-informed care is a commitment, really, and it requires ongoing training and quite a degree of rigour around your own self and your own person. To do that kind of work, you need a longer-term relationship with employees.

For me, a big component of the challenges that we have around training is really the workforce that we're dealing with, which is often short-term, temporary and casual-based, and much of that has to do with the funding reality of what we can afford to pay.

The Chair (Ms. Daiene Vernile): Thank you. Our final questions for you are from MPP Hillier.

Mr. Randy Hillier: Thank you for being here today. Early in your presentation, you used some words that I found astonishing, and I just want to get some clarification on them, to make sure that I'm understanding correctly.

The first phrase was that the shelter cannot protect people, and that they were subject to great risk. There were a number of these things. To understand this correctly, are they subject to risk, or are you actually seeing these things happen in practice, where people are being revictimized and where they are subjected to further violence in the shelter?

Ms. Patty Hajdu: Both.

Mr. Randy Hillier: Both.

Ms. Patty Hajdu: Both. They're subject to great risk, and we also see the violence perpetrated.

Mr. Randy Hillier: Okay.

Ms. Patty Hajdu: We typically have two staff on at any time, with 62 people. We also have a supervisor. The maximum number that you might see in the daytime, with administration staff, is 10 or so. But in terms of front-line staff, it's typically three, with 62 people.

Of course, things are being said back and forth. There's intoxication. We're also open 24 hours a day, which is a great service to the community as well, because it reduces loitering and panhandling. But that means that we have a congregation of people all the time, all day long, in various spaces throughout the organization.

Mr. Randy Hillier: What happens if somebody is engaged in that, and it necessitates calling the police, possibly with charges laid? Are they welcomed back afterwards? What happens here?

Mr. Brad King: First of all, if somebody is victimized, it's left to the victim of the crime. Often, that person will not want to lay charges, for their own safety, and that's something that we have to respect.

In terms of actual physical or sexual violence in the shelter, I would say that I've not experienced any actual incidents of somebody being sexually victimized in a

serious way in recent times. The shelter is significantly safer than the street. But having said that, the street around the shelter—leaving the front doors can be very unsafe, or leaving outside at night. We get people a few steps outside the door, or down the block, coming in bleeding or hurt, and in various forms of distress.

There are things that go on in the shelter that I think would be maybe more subtle—verbal harassment, things of that nature—that we don't know about.

As far as a serious incident, if somebody is a perpetrator and a predator, and we find their behaviour to be predatory, we would bar that person from the shelter for as long as need be. We would always do our best to protect the person who was victimized, but it's not always that cut and dried. If it's an abusive relationship—if, for example, the man is the aggressor and the man is asked to leave, oftentimes the woman will leave with him, and then her safety will be at greater risk. It's very difficult.

Mr. Randy Hillier: Okay. So we see a paradox here, of course, with recognizing people with substance abuse and wanting to help them, and then that periphery around the shelter maybe exacerbating or amplifying the danger. Are we looking at anything like a no-go zone around the shelter or something? It appears to me to be very contradictory and not achieving the results that you might want to achieve.

Mr. Brad King: Even in the case that somebody has a legal trespass and they're not to be on our property, there's actually nothing that the police can do other than ask them to leave.

Mr. Randy Hillier: Yes.

Ms. Patty Hajdu: And those are the systemic barriers that we see. Just as Brad said, there may be someone who is legally unable to be on our property, or we may call because there are two individuals fighting and we've discharged the person who we deem as the aggressor. They're asked to go for a walk around the block, they're back in an hour, it's minus 40, they have no place to stay and they haven't been arrested—so it's really a very good question. I don't think there's a simple answer to your question.

The Chair (Ms. Daiene Vernile): Thank—

Ms. Patty Hajdu: Sorry, just one comment. Can I add one comment to that? It does add quite a degree of moral distress for the staff at the door, because it's a real moral quandary, really. You have a human being and it's minus 40; yes, they've done some bad things, and yet they literally are at risk of freezing to death, so what do you do at 2 in the morning? Because no one else will take them. So we work very closely with our staff on compassion fatigue, vicarious trauma and moral distress, because those things are real and they happen every single day.

Mr. Randy Hillier: Thank you.

The Chair (Ms. Daiene Vernile): Ms. Hadju and Mr. King, thank you very much for coming and informing this committee. I would now invite you to join our audience if you wish to.

SEXUAL ASSAULT/DOMESTIC VIOLENCE TREATMENT CENTRE, THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE

The Chair (Ms. Daiene Vernile): I will call on our next presenters this morning, from the Sexual Assault/Domestic Violence Treatment Centre: Melody McGregor and Dawn MacDonald. Please have a seat in one of the chairs where you see a microphone in front. Ladies, you have up to 20 minutes to make your presentation. Then, after that, it will be followed by questions from our committee. Please begin by stating your names, and begin after that.

Ms. Melody McGregor: I'm Melody McGregor.

Ms. Dawn MacDonald: I'm Dawn MacDonald. We're from the Sexual Assault/Domestic Violence Treatment Centre at Thunder Bay Regional Health Sciences Centre.

Ms. Melody McGregor: I'd like to begin by thanking you for this opportunity to speak to you about the issue of sexual violence and to offer some thoughts on how we can improve our response to survivors. This population's voice is, in my experience, one that has been much unheard. They are not heard because no one has been asking, and they are not talking. We have effectively created a society where they do not feel safe to talk about what has happened.

Let me first preface my remarks by saying that I acknowledge that talking about sexual violence and sexual harassment is unpleasant and uncomfortable, so much so that we have gone to great lengths to ignore them, understate them, minimize them and deny them. While it is human nature to avoid things that we don't like or don't want to believe, the unfortunate result has been that we've created many barriers to reporting, to accessing health care, to receiving justice and to achieving recovery.

Sexual harassment and sexual violence are crimes. They are gender-based crimes. Their very existence is a measure of the level of gender equality that exists or does not exist in our culture. We need all levels of society, from individuals up to government officials, to acknowledge that the right to integrity of person is a human right. It is the right of every person, and that includes women. Women have been persons in Canada since 1929.

I would also challenge each of you to examine your beliefs around our entitlement to justice. Further, what are your beliefs around the possibility of achieving it? I would propose that we need to build our response to victims of violence from a gender-based lens, a human rights lens and a criminal justice lens.

In the months from August 2014 to January 2015, Thunder Bay police crime reports indicate 56 reported sexual assaults. For that same period, 32 people received services through the Sexual Assault/Domestic Violence Treatment Centre at Thunder Bay Regional Health Sciences Centre. Of those 32, only 12 reported to the police. So that means that the police saw 44 survivors that did not seek services through the hospital program,

and the hospital program saw an additional 20 survivors that did not seek police services.

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If the statistic that only 33 of 1,000 sexual assaults in Canada are reported to police is accurate, we can infer that those 56 reports actually represented 1,697 sexual assaults in Thunder Bay in that six-month time period.

There is an ongoing epidemic of violence against women that no one seems to know about, or, for that matter, care about enough to take action. I have no doubt that this epidemic is occurring across the province.

Violence-against-women statistics are fairly consistent globally. The problem is not necessarily worse or better here in Thunder Bay than in a Third World country, for example. We see ourselves as so much more developed, and yet statistics measuring violence against women have not been improving or changing significantly for years. We should be appalled by that.

The SA/DV program at Thunder Bay Regional Health Sciences Centre is at one of 35 hospitals across the province that belong to a network of treatment centres whose mandate is to provide consistent and appropriate services to survivors of sexual and domestic violence.

While we certainly position ourselves as advocates, the foundation for all of the work that we do is premised upon supporting patients' informed choices.

We acknowledge that we do not always know what is best for other people. People have the right to determine what is best for them as individuals. What we do know is that high levels of family and community violence have a devastating, crippling effect on people's ability to sustain their individual livelihoods, and this impacts on the social, political and economic development of our communities.

It is necessary that we acknowledge the relationship between all forms of violence against women and their root causes. Domestic violence and sexual violence are very much related, and they stand on a firm foundation of misogyny, patriarchy and colonial structures. We need to stop treating these phenomena as separate entities. While each presents some unique features and challenges, they have the same origins and many similar results. There are both immediate and long-term physical and emotional health impacts. There is a relationship between the trauma of sexual and domestic violence and subsequent PTSD, chronic disease, anxiety and depressive disorders, lost work productivity, both temporary and permanent interruptions in education, lost participation in the community, and the effect on all relationships with others, including parenting. Violence leads to potential dysfunction in every area of the lives of survivors.

As a front-line health care provider, I witness firsthand the shock, disbelief, confusion and numbness that is the experience of many survivors. This is the first barrier to reporting and accessing care, and it is powerful. All service providers need to consider how their services can be provided during this time, when survivors may have difficulty concentrating, staying focused, taking in information or providing information.

You need to be aware that many, many survivors have multiple assault experiences across their lifespan. For most of us, a single event would be devastating. We would carry it with us forever. For many of the people I encounter, the word "resilient" does not even begin to explain. The lived experience of multiple victimizations is really beyond the comprehension of most.

This is something that we must mobilize the necessary resources to combat. This is why we need to do more to address child maltreatment. We know that child victimization significantly increases the risk of victimization in adolescence and beyond. There is also an increased risk of perpetration by survivors of childhood abuse.

In the eight short years that I've been doing this work, I have seen numerous repeat victims and heard countless stories of childhood abuse.

In my work, I also encounter an overwhelming sea of untreated grief and what is most likely widespread PTSD. For this reason, we need to provide expanded counselling services, and easier access to those services. Ideally, funding of longer-term counselling, through SA/DV centres, would allow for more effective treatment and recovery.

The view that sexual assault requires a short-term period of treatment and recovery is a monumental disservice to survivors. Sexual assault is not like a sore throat that will simply resolve with a short course of antibiotics.

Connecting increased counselling services to the SA/DV centres would also mean the ability to provide service when the patient indicates readiness and reduce the burden of searching for community services and sitting on waiting lists that is the current reality for survivors. Strengthening collaboration and referral processes among existing services and communities could accomplish a much more streamlined and seamless delivery of care to survivors.

Counselling services need to be made available without financial obligation on the part of the survivor, and there needs to be better public awareness around this. Current programs through VCARS and the Ministry of the Attorney General need to have more relaxed timelines for the application process. We cannot dictate when the survivor should be ready for counselling, and should also re-examine the length of service restrictions.

There is a general lack of available sexual assault services in rural and remote areas. The process is much more complicated in small communities, where privacy and relationships between community members are so intertwined. This is also true for the street communities or homeless shelter communities, where perpetrators and survivors must find a way to co-exist.

Providing SA/DV services in urban areas is also a challenge from a health care funding perspective. There is not a protected budget. There needs to be accountability or monitoring to ensure that the funding results in adequate service from the victim's perspective.

SA/DVs need to be supported in a way that ensures 24-hour coverage and delivery of services in a way that is

not diluted or distracted by other worthy health care needs. This needs to be important enough. Sexual assault care may not have the appeal of premature babies in the intensive care nursery or the life-and-death drama associated with trauma services in the emergency department, but it is just as critical to the long-term health of our communities. Sexual assault is not just a social problem or a private matter but a legitimate health care concern.

There is also a lack of resources with which people can access the help that does exist in urban areas. I experience this as missed appointments by women who could not access transportation, needed child care or had other household obligations.

Many victims have a lack of knowledge about existing available services. Information services like 211 help, but they need greater promotion and visibility. Some don't know how to access the services they need, or they lack an understanding about how the systems work. For example, the hospital does not have mandatory reporting of sexual assault to the police, so a survivor could access health care without interacting with law enforcement if that was their wish. Survivors may further fail to access health care because they may not wish to have an invasive and potentially re-traumatizing examination and they do not understand that a rape kit is not mandatory.

The second set of emotions I witness in victims is profound shame, guilt and fear. Again, they are powerful; in some cases, they are paralyzing. The issue of social stigma is very real. Our society has a very narrow definition of victim. We have a real victim narrative. This is a morally upright and sober white woman who was physically injured while resisting sexual assault by a stranger.

For the majority of survivors who do not fit in this description, this creates another barrier. Survivors who have consumed alcohol are less likely to report. There is often a lack of clarity around the consumption of alcohol and the implications for consent.

The very definition of assault can be seen as a barrier. Some survivors do not see the incidents as harmful or important enough. They have experienced worse. If there are no injuries, which is true for the majority of cases, the survivor is afraid of not appearing credible. This is also the case when there is a delay in reporting. Assumptions are made that the survivor has something to hide. Survivors feel restricted by lack of proof, such as may happen in a drug-facilitated sexual assault where there is no memory or recollection.

We need to develop a new narrative about what a victim of sexual assault looks like. We need public education about a true definition of sexual assault. We need more clarity around the issues of consent and the consumption of alcohol. We need a stronger message about who is responsible when a sexual assault occurs.

What we have learned is that teaching women the list of dos and don'ts simply isn't effective. We have been doing that for years, and it has had little effect on the rate of sexual assault. That very list is actually damaging. It distracts and blames. It impedes survivors from

recovering while they wrestle with the guilt and shame that is not rightfully theirs. Most importantly, it prevents perpetrators from seeing the full consequences of their actions and it allows them to avoid responsibility for it.

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Instead of analyzing whether a survivor is worthy, we need to address the questions about the perpetrator and the circumstances around the criminal behaviour. When the focus of blame is placed where it truly belongs, we will reduce some of the shame around having been assaulted.

We need program development for the perpetrators of this sexual violence. These are not strange men far removed from us; they are brothers, cousins, sons, uncles and fathers. They live in our community, our neighbourhoods and our homes. While they must be held accountable, we also have a responsibility to explore what it is we can do to help them heal from their own traumas and end this abuse.

It is also important to acknowledge that sexual assault of men and boys does occur and deserves attention. Services are limited. We can do better.

My patients are afraid. They're afraid of being disbelieved or blamed. They are afraid of retaliation by the perpetrator. The majority of victims know their assailant. This has very real implications in terms of the potential impact on family, employment, finances, housing, and loyalty to the perpetrator or other friends and family.

Survivors have competing priorities. Generally the women I meet bear the greater burden for their household in terms of income, children, chores etc. Sometimes there are co-occurring issues with mental health and addictions. We need increased services and access to those same services for these areas as well. Mental health disorders and drug and/or alcohol addiction can be the very risk factor that led to a sexual assault or can result from a survivor's unfortunate choice in coping strategies. This is an investment that we cannot afford not to make. Many survivors lack a support structure at the individual and community level. Where gender and social norms are supportive of violence and where there are low conviction rates and weak legal sanctions, we as a society provide no overarching support structure for people to rely on. There is a degree of acceptance of violence where we need to instead create an environment of non-tolerance.

We need measures to address poverty and homelessness. This is an area of vulnerability and exposure to predators, particularly for youth, women and minorities. Every day I care for women who are homeless or marginally housed. It is difficult for them to place health care in a priority position when they do not have a place to sleep safely or are hungry.

About 40% of survivors seek support from friends and family. Here, then, is an opportunity for education that can result in a more effective response. Here is where the myths surrounding sexual assault and all of the ideas that contribute to rape culture can begin to be broken down. Individuals, parents, families and coworkers all need to

be educated to develop new attitudes and understanding about the realities of sexual assault and what they can do to help. Much is said about what should happen before an assault, but little is said about what should happen after.

Survivors are afraid of loss of privacy, potential publicity and trial by media. There are countless examples of sensationalized stories. The use of the words “alleged” and “claimed” set the stage for doubting a survivor’s account. The practice of reporting race when the survivor or the perpetrator is not Caucasian needs to stop. Sexual assault is a human experience; it need not be racialized. The reporting of the marital status or the occupation of the perpetrator, along with the use of words like “well respected,” or “prominent,” somehow seek to mitigate the crime that has occurred. Often, the character of the survivor is examined under a public microscope. This has no relevance as to whether a sexual assault has occurred or not. Why, then, do the media report it and why do we read it? Media has a grave responsibility in reporting these crimes, and is failing miserably. They need to be held more accountable by both the public and regulatory bodies.

Part of the problem lies in the fact that we are so desensitized to the subtle and sometimes not-so-subtle nuances of language that we don’t even notice. We need to notice. We need to remember that just because someone is a very talented radio talk show personality or a well-known comedian, that does not preclude them from committing sexual assault. We should not question survivors simply because the perpetrators are famous or had promising futures in hockey. The media could do so much more than entertain; they could inform.

The area of social media also requires close monitoring. This has become the new hunting ground for predators. It is in this forum that youth and others are being harassed and experiencing cyber-violence.

Some survivors have a genuine dislike or distrust of police, the justice system, the social service and child welfare system, and the health care system. Our systems represent lengthy and complex processes. Many survivors have had previous negative experiences within our systems. We have reputations to repair and renew. Health care, law enforcement and criminal justice all need to be charged with the responsibility to make our services available, accessible, sensitive, relevant and effective.

The current numbers tell a much different story. There’s a gap between what women expect from the criminal justice system and the actual outcomes. We need look no further than the case of Cindy Gladue for an example. Justice reforms in the areas of how long the process takes, types of charges, and lengths of sentences need to be undertaken.

Currently, there appears to be reluctance or over-caution in the charging of accused perpetrators, and yet frequent cautions and threats to charge women with false reporting. I hear from survivors that this happens quite frequently, and I would suggest it happens more often in the case of domestic or sexual violence than with any other category of crime. In fact, I have not ever heard of

someone reporting a theft or damage to property or other crime being threatened with the consequences for false reporting.

Something needs to be done to counter the myth that women frequently make false reports about sexual assault. There have been false reports, and the seriousness of those and the effect on an accused must be acknowledged, but this is not a common occurrence.

There needs to be a better balancing of the rights of the victim and the rights of the accused. Where an accused enjoys lawyer-client privilege, the victim has no such luxury. Everything she discloses to the crown is subject to disclosure to the defence. There’s no confidentiality. The crown does not represent the victim; the crown represents the government. For this reason, victims should have access to legal representation free of charge during the trial process.

While increasing the power of the criminal justice system does not address the systemic nature of violence against women or improve gender equality, it will begin to send a different message: Sexual violence cannot and will not be tolerated. We need a legal system that treats all cases of sexual assault seriously. Cases where the victim and perpetrator are known to each other are no less serious than cases of rape by a stranger.

A thorough investigation of the accused perpetrator needs to occur. There cannot be haste in delegating cases to the “he said/she said” category, with responsibility never to be assigned to the guilty party.

My patients often tell me that they are encouraged to drop their cases and that the likelihood of a successful prosecution is low. There does not need to be such a large grey area. It can be much more black and white if we choose.

Having procedural standards in place that are consistently followed by all with less room for discretion would result in more consistent and defensible results. All forensic evidence collected should be submitted to and tested by the Centre of Forensic Sciences rather than left to the discretion of the investigator. Nurses are educated and trained to collect relevant samples based on the history of the assault.

Is it possible to expand funding for more specialized police units to investigate sexual assaults? We currently have a specialized domestic violence unit, and I believe it has led to some improvement in the response to survivors. Is there room to expand their role to incorporate sexual assault?

I understand that currently there is a limited curriculum and time allotted for education surrounding sexual assault and domestic violence. Improvements to the training process consistent in all jurisdictions, particularly in the areas of the effects of trauma on behaviour and memory, could only be beneficial.

Some thought needs to be given to the practice of taking statements from survivors in the period immediately following the assault. There’s a great deal of research around police officers involved in shootings and the timing of statements, the ability for accurate recall of

memory and the role of REM sleep etc. These are concepts that need to be explored in the context of sexual assault survivors.

The Chair (Ms. Daiene Vernile): I would like to let you know that you have one minute left.

Ms. Melody McGregor: Okay. I'll go fast.

What is the ideal time for an interviewer's statement? What can we do to counter the automatic assumption that survivors are lying when their memories don't make sense?

There's also opportunity for expanded curriculum in the areas of the health sciences, particularly nursing and medicine. The amount of time dedicated to these topics is non-existent or minimal at best. If it is really important, we should be teaching it.

The same is true for law school. I understand that this is not standard curriculum across the board. Changes in curriculum are challenging. There is the consideration of the time required. Will something else be left out? It will be difficult to set priorities. There will be opposition. But it still needs to be done.

So where does that leave us? It leaves us with a long list of things that need to be done. Many of them take money. Some of them will require a change in attitude and culture. All of them will take time. All of them will take a steadfast commitment and courage to continue advancing the ideals that we want to build our communities on. There will be resistance. Those of us on the front lines will continue, as we always have done.

1020

The real opportunity here is for government to accept the challenge and show the leadership we need, and to sustain it over time to ensure that change happens, regardless of which party is in power at any given time. Increased education, justice reform, public awareness campaigns, increased counselling services, increased health care services, attention to child welfare, services for male victims, strategies to counter poverty and homelessness: These are all places to begin. The benefits will be immeasurable.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first questions for you are from MPP Lalonde.

Mrs. Marie-France Lalonde: I want to say thank you to both of you for being here this morning. I have to say, this was a very comprehensive way of highlighting some of the issues that we've heard, yesterday or in Toronto. So thank you.

It brings, though, a few questions for me. What's very particular for me is that in Thunder Bay between August and January, you had 56 sexual assaults reported to the police. Out of those—actually, there were 56, but 12 reported and went to police. What is preventing—and I think you've highlighted it, but I just would like you to be a little bit more precise—for the rest? Between the 56 to the 12, there are a lot who have not reported it. What prevented them, in your opinion, from coming forward and either seeking help or reporting it to the police?

Ms. Melody McGregor: Just to clarify, those 56 reports were police reports, so the 12 were from the 32 whom we saw.

What stops them from reporting? Everything—I would say most often, previous experiences that they've had. Sometimes, they're not feeling credible—if they've been drinking, they don't have an injury, it's someone they know and all those implications. If they have had issues themselves, if they have outstanding warrants or anything like that, they can be reluctant.

Mrs. Marie-France Lalonde: Okay. Then my next question would be: How can we help those individuals that are not coming? What would be your recommendation to this committee for those unreported individuals? What can we do to help?

Ms. Dawn MacDonald: I think, from a police perspective, the people who are already going to the police are not coming for health care because of a lack of information as to what we can do, what we're able to do. Often, there's a big stigma around collection of evidence and how it's so important in the investigation when it's just such a small piece for the healing, and in order for them to move forward.

I think that we need to do more education with the police and get more education out to the communities about what the role of health care providers within a sexual assault is—that it's about a healing process and it's not just about collection of evidence.

The Chair (Ms. Daiene Vernile): Thank you. Our next questions for you will be from MPP Hillier.

Mr. Randy Hillier: Thank you very much for being here today. There are a couple of things you mentioned in your presentation that I would like you to expand upon a little bit and provide clarification. I think they're very profound and related.

One of the statements you made was that there needs to be a new narrative of what a sexual assault victim appears as. I think you're on to something very significant there. You also mentioned about a true definition of sexual assault. We know that we've changed the legal definition in the Criminal Code; "sexual assault" encompasses far more than the old terminology in the past of "rape." So I just wondered: What sort of work is being done on illustrating the need for that new narrative—or a more accurate narrative, I guess, is what I should be saying—of what a victim of sexual assault is and how we can assist in that function, but also your own views on the definition of sexual assault? Those changes that have happened in the Criminal Code definitions: Do you think they've led to an improvement or that there are some negative consequences with that change a decade or more ago, with sexual assault?

Ms. Melody McGregor: I think there's still some confusion on the part of victims understanding that what has happened to them is indeed a sexual assault. For people who have not had a penetrative type of assault, for example, sometimes they're not accessing care and they don't define it as a sexual assault. People need to understand much more clearly about all the different types of assault and that they all qualify as a sexual assault. In some ways, not using the word "rape" has been detrimental, I think. "Sexual assault" is much softer than

“rape.” Even I don’t really like that word and I do the work, but it’s really much more accurate. People don’t know what has happened to them.

The other thing is that they are desensitized. They’ve had so many different things happen to them that they don’t think of it necessarily as a bad thing, or people will come in and say, “I’m not really sure; I was drinking. I might have said yes but I don’t remember saying yes.” By our definition, that’s a sexual assault.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you are—

Interjection.

The Chair (Ms. Daiene Vernile): Sorry. I’m the bad guy. I have to keep time here. Our final questions for you are from our third party.

Ms. Peggy Sattler: Yes, thank you very much for that very detailed list of recommendations. I think there are a lot of good suggestions for us to work toward.

One of the most interesting things I got from your presentation was early on when you said that we need to stop separating sexual assault and domestic violence, and talked about the fact that they both originate from the same kind of misogynist culture and have a similar impact on the victims and survivors. Can you talk to me a little bit about how they are separated and what we can do to treat sexual assaults and domestic violence more holistically and regard them as similar?

Ms. Melody McGregor: I don’t know if I can answer that.

Ms. Peggy Sattler: Much of your presentation seemed to focus on sexual assault and not domestic violence, although you are a treatment centre for both sexual assault and—

Ms. Melody McGregor: Yes. The reason I focused on sexual assault is because it was my understanding that that was the focus of today, but sexual assault and domestic violence often co-occur. In fact, in domestic violence cases where there is sexual abuse or assault, that is a much more dangerous offender. That woman is at much greater risk. I’m not sure that the general public is aware that that’s the case. We have a coordinating committee to end violence against women, and we talk about both types of violence. We have a treatment centre that covers both, but you do have rape crisis centres that are separate.

Ms. Peggy Sattler: And you would like to see more integration between those siloed services?

Ms. Melody McGregor: I would. I don’t know that that would be popular amongst all the groups, but—

Ms. Peggy Sattler: That would be your recommendation?

Ms. Melody McGregor: Yes.

Ms. Peggy Sattler: Okay. The other thing you mentioned was around childhood victimization, which leads to further victimization or even children becoming perpetrators. What kind of specific recommendations would you have to address childhood victimization?

Ms. Melody McGregor: I think some of the other presenters talked about strengthening the child welfare system, understanding that these things begin in childhood. The trauma begins, the lack of recovery, the vul-

nerability, all of those things. We have education programs in schools and we’re looking at processes in universities, and we have treatment for adult victims and so on, but there’s really very little attention to that really early period. That’s probably one of the most critical and where we can probably have the biggest impact.

The Chair (Ms. Daiene Vernile): Ms. McGregor and Ms. MacDonald, thank you both so much for coming and speaking to our committee today. I invite you to join the audience for the rest of the presentations today.

Ms. Melody McGregor: Thank you.

FAYE PETERSON HOUSE

The Chair (Ms. Daiene Vernile): I will now call on our next presenter: from Faye Peterson House, Debbie Zweep. Just have a seat in front of one of the microphones. Pour yourself some water, if you’d like some. You will have up to 20 minutes to make your presentation. Following that, our committee members will ask you some questions. Please start by stating your name and begin after that.

1030

Ms. Debbie Zweep: Good morning. My name is Debbie Zweep, and I am the executive director of Faye Peterson Transition House here in Thunder Bay. We’re a shelter for abused women and children, but we also work with men; I offer a Caring Dads program that works with fathers who have abused their partners, and the children have often been exposed to it. We’ve had the opportunity over the last 10 years to also talk to men who have committed sexual assault within the context of their intimate relationships, and I was very interested in the question that was just asked about the commonality between domestic violence and sexual assault. I’d like to address some of that from the viewpoint of the women we work with.

Just to give you some context, we’ve been around for 30 years. I asked my staff: The most junior staff has been 16 years with me and the most senior is 30. Most of the data you’ll see today is extrapolated from their conversations directly with the women that we’ve had this week and over the last year, so it’s very current information.

I think you’ve probably already heard this: The World Health Organization agrees that many prevailing societal attitudes justify, tolerate, normalize and minimize sexual violence against women and girls. Sexual violence is about power and control, not sexual desire, and it’s an act of aggression. We believe that it’s not the survivor’s fault, ever, and that it’s never okay.

This is from the United Nations, and I’d just point it out in what our definition of what violence against women is: “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” Sexual violence is violence against women. It’s domestic violence. One cannot be extrapolated from the other.

From our experience of working with abused women, this is where we see violence: 45% from their intimate partner—and we would like to include in those statistics spousal and dating violence. The next greatest category is 27% by acquaintances and friends, then 16% by strangers and 12% by non-spousal family members. I think this is the other piece that you were asking Melody in regard to child victimization.

This is really quite a shocking statistic for us: Sexual crimes were by far the most common offence committed against girls. In particular, 47% of all violent crimes against girls under 12 that were reported to police were of a sexual nature. We see this trauma within women start at a very young age, and that carries through to many other experiences, which I understand some of your other presenters have talked about today.

Our police stats: In Thunder Bay, we know that in 2010 and 2011 we had the highest police-reported domestic violence. I want you to just continue to consider that in domestic violence I'm always talking about sexual assault. There's always a piece of that within domestic violence. Whether the charge shows up as that or as common assault, we believe that there has been sexual assault as well.

These are our local statistics. This is from Thunder Bay police between 2004 and 2013, the number of people charged with domestic violence. I'll just do from 2010: 738, 711, 672 and 607. That's not total charges, though. You can see that there are multiple charges for each of those.

I think that what is interesting about the police statistics when you take a look at it is the repeat offenders. We know that in 2010, 63% of the people who were charged with domestic violence had a previous charge of a domestic. In 2011, it was 51%; in 2012, 54%; in 2013, 52%. I don't have 2014 figures yet, but it's important to remember, again, that these are repeat offenders. These people are known to us. These are people whom we believe should be incarcerated and should receive the penalties in the criminal justice system. We're not talking about the first offence; we're not talking about a shove; we're talking about serious offences.

One of the things that we know about sexual assaults is that about 10% or less are reported. About 5% of those—maybe less—ever go to court, and probably half of those ever get a conviction. I just extrapolated some of that information; in 2009, we had 88 charges, but if we believe that that is 10% or less, we are looking at 880 charges. Then I went down and just expanded that for you. Up to 2013, there were 98 cases reported, but we believe there were more like 980 cases.

Our women: Over the last 30 years, abused women experienced sexual abuse within their relationships almost all of the time. Every woman we talk to will tell us that at some point within that intimate relationship, there was a sexual assault; there was sexual violence. We really believe that you have to look at domestic violence and sexual assault and sexual violence. They are within the same thing, and you can't pull them apart and provide

services here that are really great—ORCC or at a shelter. This is the same woman.

I don't want to say it's 100%, but we believe that close to 100% of all the women we serve have had sexual violence within their domestic violence relationship.

I'm going to quote my staff. One of them has worked with me for about 28 years: "The one thing that sticks in my mind was when a woman who was sitting with her second abusive partner, who was very physically abusive and deemed high risk by our community, stated, 'Well, at least he didn't rape me,'" as if somehow that was a determining factor of the goodness of the relationship.

One of my other, younger workers said, "Abused women, especially in intimate relationships, have stated that sex is expected, and they didn't feel they had the right to say no."

We know that the second-most-common way we see sexual violence is by an acquaintance or by a friend. We were discussing this just yesterday, actually—that this is often in the context of a college or a university, a student or a co-worker, where there's a peer relationship that already exists.

We know, when the assault takes place, that the women experience a lot of guilt and shame, wondering simple things—if they sent the wrong message. I heard Melody say as well, "Did they say yes?" and they don't remember that piece. They review their actions, how they dressed, all those typical things that we see.

They're hesitant to report to the police—and in this case, it's a little bit different because these are her peers. They might work with them; they might go to school with them. They have the same friends; they cross each other in the hallway.

Then let's talk about social media and the gross misuse of social media today in these kinds of situations to further shame not only the woman, but her family, her friends and anyone who might believe her. It's a real deterrent for young women to do that reporting.

I know the myth that we believed for years—that rape was only committed by strangers. We actually know now that that figure is about 6%. But who are the victims of stranger-perpetrated sexual violence? I have two women we're working with right now. I would say to you that both of these women had childhood trauma: sexual violence happening before the age of 12. They had sexual violence within their intimate relationships that led them to substance use to cope, and mental wellness issues surfacing.

I believe that because of those previous traumas, they're very marginalized. They're poor. They don't have access to many, many things in this community, least of all the money they need to do things with. Because of the poverty that exists with them, I believe that they've become the targets. They are the ones the stranger knows are vulnerable. This is how, for these women—recently, anyway, within this community—they were assaulted sexually.

Childhood sexual abuse: We know that for women who are incarcerated, 88% have had sexual trauma in

childhood. The women who we work with articulate their experience in childhood sexual abuse by a family member or an acquaintance of the family. We see this quite often.

Most of the women report that their childhood was shattered. When this happened, there was a lack of emotional responsiveness from their parents, their caregivers, and they reported to us that their basic needs of life were not met. This is how they start life, so they become very, very marginalized at this point.

Women who experience sexual abuse at the hands of family members, friends of the family or strangers are more at risk of experiencing more abuse, including sexual abuse, during young adulthood and adult life. The impact in their life is atrocious, because it does not allow them to live their life fully.

1040

Women have mental health problems comorbid with disorders like eating disorders and substance use, including narcotics, pain medications and co-dependency. This is from one of my senior staff as well and her work in art therapy with women.

I asked my staff over the last week just to put together a list of the impact that sexual violence has on the women they work with that are survivors as well of domestic violence. These were their top ones. The first one we all know is fear—fear of reprisal. Of the woman that I'm working with right now, I can say that the assault was so severe that about two weeks later when she was in the hospital in the elevator, someone reached over her shoulder just to press the button and it caused such fear that she ended up in a ball in the corner of the elevator. So fear is a huge factor in what results from sexual violence.

Anxiety: We see many anxiety-related disorders.

Depression: Anti-depressants as well go with that in trying to cope.

A loss of self: We see a lot of withdrawal.

The guilt: the continuing guilt and blaming herself that we have seen in the last month that she has been with us.

Anger: that somehow she is back with us. She has been with us a number of other times, but now she's here for this kind of violence.

Shame: We know that with shame, it's just like when we work with our men. If we don't get at the shame, if we don't move people out of shame, they will never recover. There's a lot of shame in regard to what has happened and a loss of her self-confidence, and serious trust issues.

Self-harming: We know that women will self-harm. I wouldn't say that it is common. I would say that in about 10% of the women that we serve we see self-harming happening.

Dependency-on drugs and alcohol: I just wanted to clarify. Faye Peterson has had a harm-reduction policy for the last 10 years. We have methadone on site. We provide services to women. Women are only asked to leave, if they're using substances, based on their behaviour on the floor so that I have to call the police.

That's usually when a woman using a substance has to leave. But we have had harm reduction for about 10 years and we do believe in focusing on behaviour and recognize that substances are a coping mechanism that people have and use.

They feel like a bad parent, or when they were a child they felt like a bad child, and behavioural problems and physical problems like loss of bladder control and OCD and those kinds of things that we see resulting from it.

I want to end with four recommendations from the violence-against-women shelter sector here, again asking you to please remember the connection between woman abuse and sexual abuse. There is no separation between it. It happens within all of these relationships, whether women talk about it because they're really in crisis—they need housing. They need to get their kids. They have so many things that they have to do. Those discussions, because they are of such an intimate nature, may never happen right at the first couple of weeks, but they're there. It may take a year for them to come and talk to us or go to the sexual assault centre or the Thunder Bay Counselling Centre or to our women's centre, but they are all there and we hear them.

We would like you to develop an understanding of and address the reporting barriers. Again, I want to tell you that we have an amazing police department here in Thunder Bay—both the OPP and Thunder Bay police—but we could do better with regard to reporting.

Women call many times for help. They may not be assessed as needing help, but they need help, and we need to remember that every time we show up, it has to be like a new situation so that those barriers of "not wanting to call you because I've called you 10 times" can be removed.

To provide education on sexual violence, including information on the prevalence: all these myths that women are reporting things that aren't happening. We need to educate women and men. It is not just men that we need to educate on the misconceptions and attitudes informed by misogyny.

A gender-based analysis into all the conversations and strategies dealing with sexual violence, including workplace harassment: It is the experience of women. It's 83% of us that experience sexual violence. It is our context that needs to guide the policy development of the programs. To do anything less than that would really do women another disservice, so I ask you to please consider that.

And that's everything.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Zweep. Our first questions for you are going to come from our PC caucus.

Ms. Laurie Scott: Thank you very much for your presentation this morning. We heard earlier about shelters, I believe, that don't allow any substances in. You have methadone—

Ms. Debbie Zweep: Yes. All my staff are trained in drug administration; you should know that. Methadone carries as well: We have gone in the last two years to

allow the carries on site. I can't tell you that that isn't fraught with challenges, however; it is.

The only time we wouldn't allow a woman who was using substance was if the behaviour was such that we could not manage it and it had become violent. But yes, absolutely. We're a harm reduction and have been. We were the first shelter in the north to be harm reduction.

Ms. Laurie Scott: Right. I was surprised earlier at the shelter because it just can't be—

Ms. Debbie Zweep: And Beendigen as well, our sister shelter.

Ms. Laurie Scott: I'm sorry, what was the name?

Ms. Debbie Zweep: Beendigen Inc. Our aboriginal shelter also has—they may have to go out of the shelter to get their methadone; however, they have full access to their medications.

Ms. Laurie Scott: Also, for your intake, if I can use that word, previously they said that they had both a mix of the person who was assaulted and also the perpetrator in their shelter—shocking to me, but in your situation, such as the victim survivors who are in your—

Ms. Debbie Zweep: Yes. Through the Caring Dads program, what I typically have is a group of 12 men, and I would have relationships with the women and children of at least half of those, so that I believe I have the full context of what has happened within that relationship so that I can work with him around accountability, responsibility and change, and also provide her with the support that she needs.

I think it's really important for us to focus on behaviour. When behaviour like sexual violence, domestic violence or woman abuse happens, we need to remember that there has to be a system of support around that which allows that person to heal and to find the services they need.

Ms. Laurie Scott: Can I ask: How many minutes do I have left, Madam Chair? Do I have—

The Chair (Ms. Daiene Vernile): Yes, you have another minute.

Ms. Laurie Scott: Okay. Quickly, just in an overall, we've heard from different speakers that the intake for Thunder Bay for someone who either—do they call you directly? Do they call the police usually? I know there's no one answer, but an overall of who gets to go where—and I know there aren't enough beds. Can you give a little bit of a summary?

Ms. Debbie Zweep: We have two women's shelters of 24 beds each. They have 24-hour crisis lines; they can call any time. There is always someone there. We do not turn people away.

The police will bring women to us directly. They know that in an emergency situation, they bring them straight to our door. We've just developed a chat room on our website so that people can click in and access services that way. They can send us an email. They can send us a text. There is every way electronically possible to talk with us now.

Ms. Laurie Scott: Do you find that uptake is there?

Ms. Debbie Zweep: Yes, it is. Also, we have great referrals from the sexual assault/domestic violence unit and the women's centre. Thunder Bay isn't that large. We have a coordinating committee. We hope no one falls through those cracks. If they do, it's usually your next presenter who sees them.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions for you are from MPP Sattler.

Ms. Peggy Sattler: Thank you very much for the presentation. Two issues I wanted to focus on: the first was around the statistic on repeat offenders in domestic violence relationships, which clearly shows that there is a need for programming for men. Yesterday in Sudbury, we heard about some programs that were available both before it escalates and then one during the bail hearing. Both of those were voluntary—and then there's the Partner Assault Response program, which is mandatory court-ordered in some cases.

Is the system working in terms of providing those services for men who abuse? What kinds of recommendations would you give to deliver the appropriate kinds of supports?

Ms. Debbie Zweep: You must have been in my car yesterday. My son is a PAR facilitator and we were driving him to the airport, so we were having this conversation. I'm happy to enlighten you on that.

Early intervention hasn't worked really great in Thunder Bay. I think that it works really great in communities like London and perhaps Toronto, but we really haven't gotten the hang of it here. If we could use the early intervention program when the charge happens at the bail stage—the earlier the intervention, we know, the more successful we'll be in looking at some kind of change in behaviour. So that doesn't work really great here. We could improve that.

I think that there are lots of ways, lots of conversations, about PAR. Is it the appropriate model? No. I'm sorry, but 12 weeks is not going to do it. I do Caring Dads with three facilitators and 12 men, and I'm telling you, it takes 17 weeks to work in that detail with men at two hours a week to be able to see them move from pre-contemplation to contemplating they need to make change. Twelve weeks will not do it; education is not the only thing to do it.

1050

What Myles said to me was, "You know, we need longer periods. We don't need all the same men in the same kind of groups. We need men where it is a first offence. Yes, maybe it's EI; maybe it's an online program that has a check-in. But when it's a repeat offender, you need detailed counselling. You need one on one. You need check-ins, because you're such high risk that"—sometimes in Caring Dads, I'm the only one evaluating your risk and you need to do a better job with risk.

PARS can do that but not in its current format. It needs to engage in a therapeutic relationship with that man and the counsellor, that there's trust, that that person wants to change. If they don't like me—one of the guys didn't like me, because I was working with his partner as

well—that's okay, because it's perfectly okay to have a conversation with Myles or Alyson and to create that relationship. It's all about relationship and trust and being able to move forward. But in its current format, it's not very successful.

Ms. Peggy Sattler: Okay. The second issue I wanted to touch on was around workplace harassment, which was your final point there on your slide. You talked about co-workers as offenders. Certainly we see Bill 168 and the training component that has been included in that legislation. Can you talk about your experience with what is available in the province and whether it's working to address workplace harassment and the incidents of co-workers as abusers?

Ms. Debbie Zweep: I think that since we brought in Bill 168, we have seen an improvement for sure with regard to awareness and with regard to where the training is available. Have I seen that implemented full force within this community? No. Do I know that there are providers? Yes. Have I heard that people would like more? Yes; people need more information. They don't understand the actual basis of harassment.

The Premier's new commercials are creating a lot of conversation: "Oh, that's harassment. Oh, that's inappropriate." So I think what we have can be improved on in regard to letting people know that when we're doing this kind of training around harassment, we mean this.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you this morning are from the Liberal caucus, beginning with MPP Gravelle.

Hon. Michael Gravelle: Thank you so much, Chair. May I begin by thanking my colleague MPP Thibault, who has actually given me some time to be able to ask a few questions. I know we just don't have nearly enough time. But I do want to begin by thanking the select committee for coming to Thunder Bay, for making that decision—there are lots of locations, obviously, that would have been appropriate or more than appropriate to go to. I'm going to Sioux Lookout next as well. So I think that's really going to be excellent. I know everyone who is presenting today is grateful.

Debbie, if I may—I we know each other well, and I just want to begin by thanking you for the great work that is done at Faye Peterson and the great work that you have done for a long time. There are so many areas. I do want to quickly talk about the point you really do want to make that when one talks about domestic violence and sexual violence, there is a tendency to separate it. You're saying very clearly that you can't because it isn't.

Ms. Debbie Zweep: It isn't.

Hon. Michael Gravelle: That's something I presume you want the committee to listen to pretty closely.

Ms. Debbie Zweep: I do. I mean, we asked our women. That's what we did when we knew you were coming. We went to our women; we asked them. We already knew, but we had them confirm that for us, and near to 100% of them said, "Yes, there is sexual violence in my life. In what you have categorized as woman-abused domestic violence, there is sexual violence. I

don't have time to talk to you about that right now. I've got to get housing, and I've got to get custody of my kids and I've got to do all that." Actually, it's of such an intimate nature that really to process that takes some time.

Hon. Michael Gravelle: It's an important point, and we appreciate it.

Related to the reporting barriers—I must admit that I had to sneak out for a couple of minutes during the last presentation, but what I walked back in on was a moment, and I know that MPP Lalonde was following up on it, and so was I, because what I heard was that if a sexual assault victim shows up in a hospital setting, there is not mandatory reporting of that. I want to ask you to confirm that, because that does strike me as certainly something that surprised me, because one would think that it would be. But that obviously ties into the need to make sure the reporting is more direct and not something that becomes a challenge, and, in a hospital setting, I guess I would have expected that it would be mandatory.

Ms. Debbie Zweep: No. I think it's always a woman's choice. I think Melody would probably have told you that they'll keep the evidence, and women may decide. The woman I've been working with—this assault happened a month ago. It took her two weeks—and that's with the support of my staff; we know her—to bring her to the police to make the report. Women need a lot of support. Her experiences—this woman is an aboriginal woman, and she would never call the police. The only way she got to the police is because she had a system of support around her and we went with her. We went and did the videoconference.

Hon. Michael Gravelle: But is part of the issue that if the person, obviously, is in the hospital, they may not want to report it to the—

Ms. Debbie Zweep: Yes.

Hon. Michael Gravelle: Because that's their fear. Those are all the barriers that we have in place.

Ms. Debbie Zweep: All those things. There are all kinds of reasons that—

Hon. Michael Gravelle: But are you suggesting that we should—

Ms. Debbie Zweep: I'm supporting that.

Hon. Michael Gravelle: Regardless of—I mean, that's where you need to presumably show respect for the person who has been assaulted.

Ms. Debbie Zweep: Yes. I think it still comes down to her choice. It's going to be her choice.

Hon. Michael Gravelle: Have I got any more time? I don't know if I do or not.

The Chair (Ms. Daiene Vernile): Six seconds.

Hon. Michael Gravelle: Okay. It was incredible and upsetting to hear the statistics you gave in terms of people under the age of—what was it, 14 or 12?

Ms. Debbie Zweep: Twelve.

Hon. Michael Gravelle: We certainly heard it from the Ontario Native Women's Association this morning in terms of the children under the age of seven, the prevalence of those. Those are obviously incredibly upsetting

and alarming numbers. They're statistics based on facts, and obviously it speaks to the larger issue we have here.

The Chair (Ms. Daiene Vernile): Thank you.

Ms. Debbie Zweep: Thank you all this morning. Thank you, Michael.

The Chair (Ms. Daiene Vernile): May we please get a copy of your PDF of what you presented us today?

Ms. Debbie Zweep: Okay.

The Chair (Ms. Daiene Vernile): And you can email it to us. Debbie, thank you very much for coming and talking to us. You may join the audience for the rest of the presentations.

NORTHWESTERN ONTARIO WOMEN'S CENTRE

The Chair (Ms. Daiene Vernile): I'd like to call on the Northwestern Ontario Women's Centre: Gwen O'Reilly. Gwen, have a seat in front of one of the microphones. Pour yourself a glass of water, if you'd like. You will have 20 minutes to make your presentation, and after your presentation our committee members will ask you some questions.

Please state your name for the record, and begin when you're ready.

Ms. Gwen O'Reilly: My name is Gwen O'Reilly. I am the director at the Northwestern Ontario Women's Centre. It's just going to take me a minute to get my presentation up here. Do I have some tech support?

Hon. Michael Gravelle: You shouldn't count that against her time.

Ms. Gwen O'Reilly: That's right. Stop that clock.

The Chair (Ms. Daiene Vernile): That was the longest six seconds I've ever heard, too, by the way.

Ms. Gwen O'Reilly: Okay. I work at the Northwestern Ontario Women's Centre, and I have done for a few decades now. We are a community-based organization, and we do front-line support, education and advocacy work with women, mostly women experiencing poverty and violence. We help them with legal concerns, administrative concerns and human rights issues, so we do a little bit of everything.

Often we are the people who see women who don't get service at other places. We see the people who fall through the cracks. I have Michael Gravelle's office on speed dial. We do a lot of work with women that others do not, and we often have the time to hear their stories where other services don't.

Also, like many of the people who presented to you today, I am a member of the Thunder Bay and District Coordinating Committee to End Woman Abuse. I also, in that capacity, sit on the Domestic Violence Court advisory committee, so a lot of my presentation today will focus on some of the criminal justice and court response to violence against women.

One of the things our centre does, in conjunction with Faye Peterson Transition House, is run a women's Court Watch program. We have trained volunteers in court

following court cases in the criminal justice system around domestic violence and sexual assault.

You've heard a lot of the statistics; I'm not going to belabour them. The one thing I want to point out is that we are all aware—and we see this every day—that the incidence for aboriginal women is higher and the consequences are much more serious. Aboriginal women are much more likely to be injured, murdered or criminalized, which is a big problem.

I want to reiterate what many people have said to you: that reporting is difficult, not just because women don't want to report or are afraid to, but because violence is made to be invisible, it is minimized at every level of our legal system, right down to the language that we use to describe it. We can say, "He hit her," or "She was hit" or "There was violence." Many of our descriptions of violence, especially in the legal system, are very generalized and don't include personal accountability. That is something that we need to look at.

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One of the problems that we also see is that revictimization and criminalization are inherent in the system which is used to support women who experience violence. This is especially problematic for aboriginal women and women in general. When the police show up, there's a risk that you will lose your children. Police have to make a report to child welfare if there is violence in the home. That's problematic. A lot of women don't call police because of that.

You heard earlier people talking about mischief charges. I don't know how many women I've talked to who say, "I keep calling the police, and they are threatening to charge me with mischief." This is something we have to understand. This is why women don't call the police: because they are often not on their side. As an advocate for women, I see that a lot—that often, for women to make use of services that are provided to help them deal with violence, they need an advocate.

One of the things you have heard from other presenters is that the experience of violence is both gendered and racialized. There is a disproportionate incidence directed towards women and towards people of colour and of different abilities. There is a more serious injury and impact on those groups, and the motivation for that violence is clearly directed at people with less power.

The impact of that violence is that it reinforces existing oppressions, whether it's sexism, racism or ableism. That's something that is going to be difficult to incorporate, because we don't necessarily have this approach in our legal system.

This is where our legal system falls down. We know that violence against women results from a power imbalance and we know that the policies we use to address violence are gender-neutral. For that reason, they often further disadvantage women who interact with the legal system. Our legal professionals, judges and justices of the peace—they all don't want to be biased when they are dealing with cases in criminal courts. But neutrality is not the same as equality, and equality is not the same as

bias. Accounting for someone's differential experience does not make you biased; it means that you are adjusting for the impact of oppression. That's something that we need to understand very clearly if we're making new policy around violence. We have to account for people's experience.

You know the stats already; I don't need to give you that. You've also heard a lot about why women don't report. I'll talk a bit more about this later.

Domestic versus sexual violence: We've talked a lot about this so far. I wanted to reiterate that they are common forms of violence. They are both directed at women because they are women. You know that most women living with abusive men also experience sexual assault, you know that young women are more vulnerable, but what we haven't talked about yet is that the systemic response is very different. We have a lot of policies and procedures in place with regards to domestic violence, but not so much with sexual assault.

The term "domestic violence" is problematic. For a lot of us, we use the term "woman abuse" or "violence against women" because "domestic violence" erases the context of gender. It also erases the links to other forms of violence, like sexual assault, harassment and all the other forms of oppression that women experience. So we have a lot of these systemic silos that have been created.

In some ways, we're doing a good job around domestic violence or physical assault, but then we've completely ignored sexual assault. I often want to know why that is. Why have we taken this focus on domestic violence instead of sexual assault? Part of me says it's about sexism, right? It's the stereotypes about women and sexuality that are preventing us from dealing with this issue in the same way that we've dealt with domestic violence. It seems to me it's sort of like: There are good victims and then there are bad victims. There are the deserving and the undeserving. I suspect that women who experience sexual assault fall in that "undeserving" category, because we tend to blame them for their experience.

You've probably seen these stats as well. Thunder Bay has the dubious distinction of having the highest rate per capita of domestic violence charges reported to police. Our sexual assault rate is not the highest, but it's higher than the national rate.

As I was saying, in many ways we've done a pretty good job with domestic violence. We have all of these systemic responses. We have a new domestic violence unit in our local police. For many years, we have had mandatory charging policies. We have Domestic Violence Court—or a court process. It hasn't really caught on in Thunder Bay. We don't have a full Domestic Violence Court. We have enhanced prosecution. We have the Domestic Violence Court Advisory Committee, victim/witness programs, bail safety programs, risk assessment, and Partner Assault Response programs. We have all of these things, and some of these services capture women who are experiencing sexual assault, but not all.

The thing that you need to know about these programs is that many of them are under threat for funding. With the bail safety program—where we have a dedicated crown, a dedicated police officer and a dedicated VWAP worker working together to help victims get through court and to make sure that the information and risk assessments are done properly and get to the crown, get to the justice, get to the judge—last year, there was a possibility that the funding for that program would be removed. The bail safety program is one of the few things that is really working well to increase the safety of women who are actually making those reports and going through court. These are the sorts of things we need to support.

Likewise, Partner Assault Response programs, as Debbie mentioned earlier—their funding is also being restricted. Although there is a high recidivism rate—there's no doubt; we all have concerns about that—PAR programs are the only court-mandated programs that are dealing with men who are perpetrators. Otherwise, they are out there on their own, maybe with a piece of paper that's a bail condition or a restraining order—maybe not—continuing to harass women.

One of the things that we see in Court Watch is that now we have many, many dangerous men, men with repeat offences, who are being regularly released. It's very important that we have something like PARs that can be court-ordered, where men who are perpetrators can get some intervention. It's pretty dangerous just to let them go, and that's what's happening.

We have enhanced prosecution. This is one of the proposals in the Sexual Violence Action Plan.

One of the things I'm very concerned about is that we need to do a thorough review of how effective all of these responses are to domestic violence before we use them for sexual assault. We need to understand whether domestic violence courts actually are doing a better job, and how women's experience in them is. How are we doing in terms of accountability to women who are experiencing violence?

These are some local stats, and in a way, this shows you what kind of success we can have. The longer bars are domestic violence. These are domestic violence reports in Thunder Bay. The very short bars are sexual assault. You can see that there's a very large difference in reporting when it comes to domestic violence. In fact, what we hear is that when domestic violence is reported, women are more likely to also make a report of sexual assault, and usually that is through the bail safety program, because there's a police officer doing a risk assessment and doing a history.

These are sexual assaults. These are actually very low numbers, which you'll see in the next slide. There is quite a bit per year, but it may or may not mean anything.

Again, like Debbie, I've done this extrapolation. The 88 or nearly 100 per year is the sexual assaults reported to police, and if you use the 33 out of 1,000 number, you get much larger numbers. What Melody suggested earlier

was that it's actually 33 out of 1,600 in Thunder Bay. This you know already.

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What are we seeing in Court Watch? Over the last five years, we've recorded at least 268 individuals who were charged with sexual assault. In the most recent reporting period, our volunteers have followed 37 cases of sexual assault. I'm putting this forward because we have mechanisms in place already where we can evaluate the effectiveness of some of these policies.

One of those is Court Watch. We're not funded to do this. We do this off the side of our desk with volunteers. This, in general, is the role of women's advocates. We have a lot of information. We know who the women are. We know who the perpetrators are. With Court Watch, we have a very systematic understanding of what's going on in our courts with regard to domestic violence and sexual assault. We don't know what to do with that information. We would be happy to help.

In remand court—the very front end of the criminal court system—in our most recent data, we followed 14 sexual assault cases: 43% of those cases also involved a physical assault charge separate from the sexual assault charge, and 57% of the perpetrators had previous criminal charges, evidenced by a breach of existing bail conditions. Again, these are people who have criminal histories and probably previous histories of assault.

In recent years, between 2010 and 2013, we looked at about 37 sexual assault cases. Again, a high number of them involved additional charges: 23% of perpetrators had previous charges, and at least 58% of the perpetrators were released, either with conditions or a surety. At least 58% of the women assaulted knew their perpetrator. In 19% of those cases, the victims were also minors.

These are some of the things that we get from our surveys. We are still having core personnel saying inappropriate things to women who are victims. So a crown attorney asks, "What were you wearing?" The accused are saying, "I was led on by her, so she was to blame." Often these statements by the accused aren't interrupted by the judge or court personnel. This one: "She"—the 13-year-old victim—"is lying and was on drugs." This was a perpetrator who was screaming this in the courtroom, screaming this at the victim who was sitting there, and no one was intervening. Women say, "My boyfriend didn't believe me." We had one case where the justice of the peace didn't issue a specific no-contact order because he felt that because the perpetrator didn't know the woman's address there was no need for one. There are lots of stories. These are just some examples from the Court Watch program.

These are some general ideas about what women need in terms of how they should be treated by people who are serving them, by police and justice professionals:

- They need to be believed.
- They need to be treated with respect.
- They need an assurance of safety, confidentiality and autonomy.
- They need equal access to justice. This is what women do not have, and I see this every single day.

—They need information on their rights and on the legal system, and they need that in a form that is accessible to them. Just being handed a pamphlet by a police officer is not helpful.

—They need a supportive environment. As Melody talked about earlier, trauma means that women have a hard time taking in information, so they need support.

—They need a comprehensive support network of services and advocates.

I kept this presentation very general, but I do think that the other thing that they need is, they need someone to address poverty. You've heard several references to and concerns about homelessness earlier. I regularly deal with homeless women—because I do front-line work as well—who will not go to Shelter House because they are afraid of sexual assault. Many women sleep on the streets or sleep in other dangerous conditions because they are concerned that they are going to be raped if they go to the emergency shelter.

Thunder Bay used to have a dedicated women's homeless shelter. I'm sure, Michael, you remember the letters that I've written to you. The province, unfortunately, restructured the shelter money and the community residence was closed. That pre-dates Patty's arrival at Shelter House, but we did have a fairly well established shelter for homeless women and we lost it. Now we are seeing the repercussions.

We are also seeing many women who have very few choices in terms of escaping violence or getting legal help, and that is because they are poor—and that is because welfare rates and minimum wages are far below the poverty line. It will take provincial will to address those things. They are a central factor to helping women escape violence and really letting women be in a position where they can advocate for themselves, because that's not where they are now. They cannot advocate for themselves, as the circumstances are at present.

I think that is all I have, except that I want to say we also support an aboriginal-led solution that is designed by aboriginal women's advocates in consultation by women. That is very important, to take that lead, as I'm sure you all know.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. O'Reilly. I would also ask if you could either email or give us a hard copy of your very useful slide deck.

Our first set of questions for you is going to come from our NDP caucus.

Ms. Peggy Sattler: Yes. Thank you so much for the presentation and the slides. A couple of questions: The Court Watch program—is that only in Thunder Bay, or is a similar program available in other communities? Because I think that data would be very helpful to have on a provincial level.

Ms. Gwen O'Reilly: There was a longstanding program in Toronto, which we model ours after. I'm not sure if it still exists. I believe that they were trying to set one up in Ottawa as well, but again, it's hard to find funding for such things.

Ms. Peggy Sattler: Right. Okay. Another question: You talked about, and you provided a list of, all of the systemic responses—

Ms. Gwen O'Reilly: Some of them.

Ms. Peggy Sattler: Okay—some of the systemic responses that currently exist to address domestic violence. You mentioned the need for a thorough review of those kinds of programs before sort of applying them to sexual assault. Do such reviews exist? Have reviews already been conducted? Are you aware of reviews that you could share with this committee?

Ms. Gwen O'Reilly: There has been some research about the effectiveness of domestic violence courts in Ontario. I don't have that reference at my fingertips, but I could send it to you. But what I see when I sit at the Domestic Violence Court Advisory Committee is that this is a system that is already completely stressed, trying their best to meet the mandate that's been imposed on them and, at the same time, function in a very, very busy environment, where many people who don't have appropriate access to justice are going to court unrepresented etc.

Ms. Peggy Sattler: Okay. The final question: You talked about women fearing losing their children as one of the barriers to reporting. We heard about a pilot project that's under way in Toronto that combines Family Court with criminal court. Is that a solution that you think is promising and should be considered more widely?

Ms. Gwen O'Reilly: I think it depends on which case and which situation you're talking about. I mean, there are many women who are at risk of having their child apprehended because they are poor or racialized, period. So any police involvement is going to impact them negatively.

For cases that are in the family law system where there is a custody dispute and also violence occurring, that's very useful. To have some communication between criminal court and Family Court and to have orders that reflect what's going on in both courts is very helpful, because often in custody and access situations, this is where the violence just—custody becomes used as a weapon, and the violence continues for many years.

Ms. Peggy Sattler: Do I have time for one more question?

The Chair (Ms. Daiene Vernile): You have one more minute.

Ms. Peggy Sattler: I know in the domestic violence system, there is quite a bit of training that is provided for crowns and justices. The quote that you used from a crown attorney very recently who asked, "What were you wearing?" would indicate to me that there is a similar need for training of crown attorneys and judges. Do you know if those kinds of training programs are currently being offered, or if they exist?

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Ms. Gwen O'Reilly: There is some training. Pamela Cross has done some training with judges. We really need training done with justices of the peace. That is a big issue. There is now a violence-against-women cur-

riculum drafted for law schools in Ontario, so that will be very helpful.

But I also think that when we do this training—we don't do anti-racism, anti-oppression work. These are personal commitments. People have to understand their privilege and they have to understand the power of the system and how it impacts people who are in a situation where they are experiencing violence and poverty. That's what's missing. We don't have that larger understanding of the power dynamic that is operating both in people's lives and in the legal system when they use it.

Ms. Peggy Sattler: Is that part of the curriculum that's already available to law students?

Ms. Gwen O'Reilly: Well, I wouldn't say it's available to law students. A curriculum has been developed—

Ms. Peggy Sattler: For law students.

Ms. Gwen O'Reilly: —but, yes, it includes that analysis of power.

The Chair (Ms. Daiene Vernile): Thank you. Our next questions for you are from Minister Gravelle.

Hon. Michael Gravelle: Thank you so much, Chair, and thanks again to my colleagues for letting me participate this morning. Gwen, thank you so much. Thank you for, as you said, decades of work in terms of the front lines, and yes, if anything, I think you're probably even more of a fierce advocate than ever.

Ms. Gwen O'Reilly: I just yell less. I've mellowed.

Hon. Michael Gravelle: We never have enough time, but it's been really helpful, and obviously in terms of all the morning presentations, I think they're certainly having a real sense of a theme in terms of some of the things we need to focus on.

I was struck by a couple of things that you said, and I wouldn't mind you commenting on them. When you said that some victims of violence—domestic violence, sexual violence—are afraid to call the police because they're actually accused of mischief, it was startling to hear that. That made me think. I'm working on the presumption, if not the hope, that there is a good relationship with the Thunder Bay police force and the police chief, because that does sound like something that we shouldn't be hearing, right? That shouldn't be happening.

Can I ask you about whether the relationship in terms of the Thunder Bay police themselves and perhaps the police chief specifically has been supportive of trying to make sure that doesn't happen?

Ms. Gwen O'Reilly: We have a good relationship, and certainly the current chief is very supportive of these things. In fact, way back when, he was the chief official who signed the domestic violence protocol in Thunder Bay. They're aware of the situation and they have a new domestic violence unit. Those officers are good.

But the bottom line is that we have many marginalized women in Thunder Bay, and when police respond, they are not treated as human beings. They are treated as someone who is less than human. There are lots of studies around mandatory charging policies that show that if a woman is seen as aggressive or if she's using substances, or if she's racialized, she's up to three times more likely to be seen as the aggressor.

You've heard the stories earlier. These are often very complex situations. There are long histories of violence; there is a lot of complication of poverty, substance use, child welfare. It's not easy for police to show up and deal with these things because they're on the front end and there's a giant iceberg of problems below the surface that are behind today's circumstance. So it's not always easy to do the right thing, but we need to take into consideration that many of these people are afraid of police and are afraid of their abusers, and may not act to protect themselves because violence has been so normalized in their lives. We have to suspend judgement. Yes. We need a better approach.

Hon. Michael Gravelle: Certainly when you were talking about the Domestic Violence Courts and the term you used, where they haven't caught on here—you went into a bit more of a detailed explanation in terms of them perhaps being underresourced. But that was an interesting expression to use in the sense of them not being probably used as well as they can be, because I certainly was very proud when we were able to announce that there would be a domestic Violence Court here in Thunder Bay and that that was going to be important. I want a little bit more comment, if I can. They can work really well; they can be really helpful. It really is interesting too, listening—

The Chair (Ms. Daiene Vernile): Very quickly.

Hon. Michael Gravelle: —to Debbie about the work we've done with offenders and how important that can be. That speaks to some of the challenges.

Anyway, the Domestic Violence Court—any advice you have would be appreciated.

The Chair (Ms. Daiene Vernile): Thank you very much.

Ms. Gwen O'Reilly: Can I answer this?

The Chair (Ms. Daiene Vernile): Yes, very quickly.

Ms. Gwen O'Reilly: The Domestic Violence Court has been downgraded to a DV court process here. It hasn't ever taken off in its full form. Part of that is because this model was parachuted in by the province.

I think it would be possible to strengthen that process if you worked directly with local judiciary and the legal staff here. I think that's important, that we need a court that works for Thunder Bay, and we need it to reflect the challenges, because every court jurisdiction is different. There are a lot of things the same, but we have a different population and demographic.

It needs to be a made-in-Thunder-Bay solution as well, least of all so that it's acceptable to the judiciary, because they have a lot of control over what happens. And it needs to be done in the context of community advocacy. People who sit at the Domestic Violence Court advisory, at the coordinating committee level, should have some say in how that court system looks.

Hon. Michael Gravelle: As the local MPP, I'd love to have further conversations.

Ms. Gwen O'Reilly: Okay.

The Chair (Ms. Daiene Vernile): Our final questions for you today are from the PC caucus: MPP Hillier.

Mr. Randy Hillier: Thank you very much, Gwen. I enjoyed your presentation significantly. This Court Watch program I find quite interesting. I assume that that is following these cases, whether they be in criminal court or in Family Court or domestic—

Ms. Gwen O'Reilly: Just criminal court.

Mr. Randy Hillier: Just criminal court.

Ms. Gwen O'Reilly: If you give us some money, we'll go to Family Court too.

Mr. Randy Hillier: And you said that the Domestic Violence Court is a process and it's not a stand-alone court here in Thunder Bay?

Ms. Gwen O'Reilly: That's correct.

Mr. Randy Hillier: It's a process within the Family Court division?

Ms. Gwen O'Reilly: Within the criminal court.

Mr. Randy Hillier: Within the criminal court. Okay. You mentioned that you had a bunch of statistics and all your data that you've accumulated, but you didn't know what to do with it. One of the things I would suggest is to certainly share it with this committee. But in addition to that, there is a branch in the Ministry of the Attorney General which is a standing branch for review of procedures in our courts. You should be able to find that. If not, I can help you out. I forget the name—

Ms. Gwen O'Reilly: Yes, we've sent previous reports to the Attorney General.

Mr. Randy Hillier: Okay, but there is, like I said, a standing branch within the ministry to look at revisions and reform.

I think it's also important—you mentioned about the language. I think that is a critical and key portion of this. I'm wondering: Have you put together, or are you aware of any other groups that have, some proposals for changes to the legal language that we're using?

Ms. Gwen O'Reilly: There's a group in Victoria called Centre for Response-Based Practice. Cathy Richardson and Allan Wade are the principal consultants. They are doing training across the country around the use of language around violence against women, in courts, in child welfare matters, and in other arenas.

If you Google "response-based practice" and "Cathy Richardson and Allan Wade," you will find a lot of this information.

Mr. Randy Hillier: Response-based practice?

Ms. Gwen O'Reilly: Practice, yes.

Mr. Randy Hillier: Okay. Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you. We've gone all around the horn, so we are convened until 1 p.m.

Thank you very much for coming and giving a contribution here to our committee.

Committee members, I would ask that you—

Interjection.

BEENDIGEN INC.

Ms. Patricia Nawagesic: Excuse me. I'm scheduled for 1 o'clock. I don't know if you want to work with me ahead of time or do it at 1 o'clock.

The Chair (Ms. Daiene Vernile): Committee members, may I ask you, would you like to take this witness now, at 11:30? Do you have other appointments, or can we go ahead and hear from this witness now?

Interjections.

1130

The Chair (Ms. Daiene Vernile): We are fine. Please have a seat. Just sit in front of any of the microphones. You will have up to 20 minutes to make your presentation. Begin by stating your name, and begin.

Ms. Patricia Nawagesic: Okay. I'll have a copy here for you as well.

The Chair (Ms. Daiene Vernile): Thank you.

Ms. Patricia Nawagesic: My name is Patricia Nawagesic, and I'm the acting executive director for Beendigen Inc., an aboriginal women's shelter here in Thunder Bay.

First I would like to say thank you to the Select Committee on Sexual Violence and Harassment for the opportunity to speak on behalf of the clients we serve, the staff, and the past and current board members who have dedicated their lives to work and volunteer in response to violence against aboriginal women, by sharing with you the work Beendigen has been doing over the past three decades.

Beendigen's history and programming: Our mission, since 1978, has been to provide safety and shelter to aboriginal women and children experiencing violence and to facilitate the cycle of healing through the delivery of culturally appropriate programs and services to individuals and families. Currently, we are a 24-bed facility.

Our values are based upon the belief that every woman and child deserves to live in a safe home free from violence. We believe that, given the opportunity, along with learning and healing, women can rise above the abuse that is so oppressive.

The agency was established to provide temporary shelter for aboriginal women and children who were dealing with abuse and were in need of food and shelter. Over the years, Beendigen continues to evolve to provide support services to abused women and families.

Crisis counselling, through a 24-hour crisis line and weekly programming, is often the link between women and services, as identified. Women and their children are helped to establish new homes and with coaching on how to create personalized safety plans. The families are connected to various community services as they are identified so they can live free from violence and move forward into the community.

Beendigen's Healing Our Own Counselling Unit has been funded through the Ministry of Community and Social Services since 1991; it consists of two full-time counsellors and an addiction worker through the National Native Alcohol and Drug Abuse Program. This worker is funded through the Ministry of Community and Social Services and Health Canada. We also have transitional housing support workers as well as Family Court support workers.

The counselling unit sees up to 300 clients, providing individual counselling, community advocacy supports,

referrals and addiction assessments. We offer a court-approved anger management group, a sexual abuse/sexual assault survivors group, an Anishnaabek women living free from violence weekly program, life skills, self-esteem, assertiveness training, weekly sacred circles, sweat lodges, a restoring balance trauma group, as well as an addiction awareness group and, finally, our own aboriginal child witness program.

Counselling and advocacy services are provided in Ojibway, Oji-Cree and French. Our services are unique because of the traditional aspects of what we offer to the community and those whom we serve.

Referrals are quickly processed for services as opposed to placement on a waiting list, and referred out if necessary. We work collaboratively with a variety of community partners to ensure we are meeting the needs of our clients and our community.

Aboriginal programming is very important. In 2000, funding was obtained from the Aboriginal Healing Foundation to respond to the impacts of deep-rooted residential school experiences of survivors.

One of the educational training workshops implemented was the sacred circle facilitation program. The sacred circles offered for the past 14 years are grounded with the aboriginal theory methodology of healing through medicine wheel teachings that provide inclusion of all cultures in the circle of life. Teachings of the four medicines are through monthly pipe ceremonies conducted by a visiting elder who provides teachings, such as naming ceremonies, as requested by participants. This ceremony is crucial for the development and the strengthening of the Anishnaabek identity and the heritage of participants throughout the healing journey.

The circle is opened with a smudging ceremony for cleansing the mind, body and spirit, further reducing anxiety as women learn to calm and ground themselves. The sacred circle acts as a maintenance program for participants in their walk to wellness in the following areas: parenting; grief work; depression; alcohol and drug abuse in the family; loneliness; abuse from family violence; divorce and separation; and, lastly, a support group through personal growth.

The Beendigen sexual abuse group has adopted the sacred circle group to open and close their program. The smudge ceremony helps participants lessen their anxiety and keeps them calm as they share their sexual abuse stories, thus healing from their abuse.

The healing journey for participants gradually moves to participating in sweat lodge ceremonies. Women will go into a sweat lodge to do more intense inner soul work. To prepare women to strengthen themselves—by speaking to the elder conducting the ceremony, they are able to overcome their fears and to learn how to walk the red road. It is hard work to sit in a sweat lodge. Only those women who can commit to the healing they are seeking will stand this ceremony and benefit, with the goal to heal.

The child witness group also incorporates culture in its methodology of education. An elder teaches the seven

grandfather teachings: love, courage, humility, honesty, respect, wisdom and truth. Each child, with the assistance of their mom, will draw with a color to demonstrate what the teaching from the group session means to them. Children are given a stick to use as their eagle staff on a nature walk as a group. They are taught the use of tobacco in their extraction of medicine from Mother Earth to give thanks for her gifts. The smudge ceremony is also utilized before any sharing is done as a group. Various elders locally are utilized to teach them the medicine wheel and fire teachings.

Annual drum-making workshops are planned. The Beendigen drum group meets monthly for the in-house residents and other clients. Moss bag teachings and full moon and giveaway ceremonies are done at various times throughout the year.

We also have a Talk4Healing program. In 2012, Beendigen and the Ontario Native Women's Association partnered in the establishment of a telephone crisis line which has been permanently funded by the Ministry of Social Services, resulting in the Talk4Healing program, servicing all aboriginal women in northern Ontario. It was established to respond to the high rates of violence experienced by aboriginal women and to address the particular challenges of accessing services in remote and isolated communities in northern Ontario.

The service area includes all aboriginal women and their families living in northern Ontario, including 12 districts as follows: Algoma, Cochrane, Kenora, Manitoulin, Muskoka, Nipissing, Parry Sound, Rainy River, Sault Ste. Marie, Sudbury, Timiskaming and Thunder Bay.

Talk4Healing ensures that referrals to existing services are provided in order to promote service coordination and collaboration across northern Ontario. Counselling is available through the help line for aboriginal women living in remote and/or isolated communities who may experience difficulties accessing limited local services.

Violence against aboriginal women requires a unique and culturally appropriate response that involves the healing of the woman, the family and the community. While the help line will primarily provide services to aboriginal women experiencing violence, information and referral services will be provided to others directly affected by violence, including aboriginal men, abusers and concerned family, friends and community members.

Talk4Healing features:

- toll-free and available 24-hours-a-day, seven-days-a-week, 365-days-a-year response via telephone;
- provides confidential and anonymous immediate response services; and
- operates throughout northern Ontario, and in addition to English, services are available in the three predominant aboriginal languages in northern Ontario: Ojibway, Cree and Oji-Cree, either directly through the help line or through a secondary service.

Services available to aboriginal women will include:

- emotional and crisis support and intervention;
- information on rights, options and safety planning;

—information and referral to appropriate community services, including, where possible, aboriginal cultural/holistic programs and services; and

—counselling over the telephone for aboriginal women living in remote and isolated communities who may experience difficulties accessing other services.

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Since the launch on October 19, 2012, we have seen a steady increase in call volume. To date, we have received more than 4,650 calls.

We continue to promote Talk4Healing in all our regions through the use of many marketing tools including Facebook, Twitter, billboards, radio, print, direct mail, and community presentations.

We have also recently completed production of a 10-minute public service video that we will be promoting to share the message of Talk4Healing. We look forward to the continued success of the line and hope to include more innovative approaches to meeting client needs throughout all of northern Ontario.

Beendigen supports and acknowledges the following works and recommendations proposed in the documents:

—the Ontario Federation of Indian Friendship Centres, in partnership with the Métis Nation of Ontario and the Ontario Native Women's Association, prepared the document Ontario's Sexual Violence Action Plan of 2011;

—A National Action Plan to End Violence Against Indigenous Women and Girls: Updated Draft—For Full Discussion and Input, by the Assembly of First Nations, in July of 2013;

—Aboriginal Shelters of Ontario, in partnership with the Social Services Coordination Unit of the Chiefs of Ontario, presented the Aboriginal Family Violence in Ontario Needs Assessment, which supports building on the work of A Strategic Framework to End Violence Against Aboriginal Women and other framework documents. Support is needed to create a specific framework to end family violence that reflects on- and off-reserve realities of service delivery in responding to family violence. We just put that out in December 2014.

We also ask that the Ontario government support the call for a national inquiry for missing and murdered aboriginal women.

Specifically, Beendigen staff recommended these wish lists—I guess—when I asked them to give me some feedback. I've only been at this for a year:

- child care funding be provided to sexual abuse survivors participating in group healing strategies;
- an outreach, education and prevention worker be funded for Beendigen so we can expand service in Thunder Bay specifically to those affected by the sex trade; the incarcerated; and aboriginal youth in Thunder Bay obtaining an education;
- an aboriginal family healing centre be funded and supported for Thunder Bay and region. Currently, clients with families have to go to southern Ontario to obtain treatment and healing at Kiikeewanniikaan, a native family-based healing lodge located on Munsee-Delaware Nation, just 40 kilometres southwest of London, Ontario.

There are just some of things that we hope someday we will have, to be able to respond to the issues our people are experiencing.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Nawagesic. Our first questions for you are from MPP Anderson.

Mr. Granville Anderson: Thank you very much for coming forward today and for the compelling presentation that you provided to us. It's really an insight as to what's happening in the aboriginal communities.

Your facility has 24 beds, you said, so I would assume that wouldn't be nearly adequate for the amount of beds and the amount of costs that you have received. Where would these women go if you are unable to provide assistance or services to them, do you know?

Ms. Patricia Nawagesic: We work closely with Faye Peterson in referring women to obtain shelter, as well as at the region. We will try to help them get to another shelter if we can't provide it in our shelter.

Mr. Granville Anderson: Thank you. You indicated that you have received over 4,000 calls. Over what period of time have those calls occurred, and are those calls repeating?

Ms. Patricia Nawagesic: We just got the funding in 2012, so over three years, as of March 31, that's an approximation of calls that we had. We probably have more now. We have repeated callers. The workers get to know some of the people who are calling on a regular basis, to their personalities. We're finding that the counselling piece that we got for funding is not working. The actual counselling is happening right on the call, when they call, at the very moment. The system to provide a counselling service by our counsellor on the Talk4Healing line has very low response—maybe 16 calls throughout the three years. So we're looking at adapting maybe the counselling piece to be responded right at the moment of a call.

Mr. Granville Anderson: Okay. I have some more time?

The Chair (Ms. Daiene Vernile): You do.

Mr. Granville Anderson: Can you tell us about the challenges aboriginal women face and experience, whether it's within their own communities, within the health care system or within the criminal justice system, and some of the solutions or suggestions that you have in mind?

Ms. Patricia Nawagesic: For one thing, to even get out of the communities, especially the fly-in communities, is very difficult. We need funding to respond to some of these opportunities for people to leave their communities, to come to the centres to get shelter.

I've been involved with the Gezhewin Zaagadewin aboriginal sex trade committee. We have young women who are on the streets, addicted to alcohol and drugs. They're kind of stuck there, and we want to find ways to reach out to them and bring them to our centre to provide support to them. We also have women who are incarcerated, and there's very—there's some work being

done there, but we want to do more work with our people to do the outreach.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions for you are from MPP Scott.

Ms. Laurie Scott: Thank you very much for presenting to us today and for your dedication to helping the women.

I'll just maybe ask some specific questions. If you received a call from a remote community and the person was able to come—wanted to come; let's put it this way—do you have funding? Do you have a limit per year? Could you, say, help 30 people in remote areas or not, based on your funding? How would you bring them here? Does that happen much? Is there like a low percentage that will actually leave their community and come in on a crisis basis?

Ms. Patricia Nawagesic: Sometimes the women can get help to get out. If they're really in dire straits, we will provide funding for them and the whole family.

Ms. Laurie Scott: Can you tell that from the phone call? I realize it's really difficult; I just was trying to ask. You had put some questions out about the effectiveness of the crisis hotline.

Ms. Patricia Nawagesic: I really haven't been working in the front lines. I just started in March 2014 to help Beendigen through their transition of finding a permanent executive director. So I'm on a learning curve, but I do know that the workers do their very best to respond to calls and to get people out of their communities. There are challenges, I guess, at the community level, due to First Nations issues that may get in the way, especially if there are abusers in the community that are very supported by their councils and that. I've heard of situations where they have had trouble to get women out, but we will do our very best to help a woman get out with her children, because we know that it's very critical.

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Ms. Laurie Scott: Yes. It is a difficult question. I asked because it is a deep, cultural situation. I just wondered how you can break in, especially in the remote communities. So you're doing what you can; I absolutely agree.

Ms. Patricia Nawagesic: We are aware that there are deep, cultural issues. The aboriginal shelters of Ontario have formally been incorporated, and they're working with the Chiefs of Ontario to respond, both off and on reserves. We realize that we are receiving and working with the communities and that we need to work together. We can't work in isolation in responding to those needs.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you this morning are from our NDP caucus. MPP Sattler.

Ms. Peggy Sattler: Thank you very much for your presentation today. I wanted to ask you more about one of your final comments related to the aboriginal family healing centre and the need for such a centre in Thunder Bay. I'm from London, just outside of Munsee Delaware, so I'm really interested in knowing what kind of family would be accessing the aboriginal family healing centre

and what kinds of services are provided there. Just talk to me a little bit more about the value of such a centre.

Ms. Patricia Nawagesic: Right now, if we want healing, many of us go to the London healing centre. Personally, I have been to that healing centre and I took my son and my daughter with me. It was an opportunity to learn about my culture and heal through the methodology that works for us, through sweat lodges, healing circles and having the family there. Separating us from our family doesn't work and we need a place where we can take time to look at what's going on in our personal lives.

When you're caught in the middle of all these issues of addiction, depression and violence, it's very difficult, so we need our own way of healing. We acknowledge that we do have our own ways of healing. Systems that are provided through the mainstream healing methodologies don't work for us, because maybe we don't trust. I don't know what it is we don't trust, but it takes a long time for us to get to those places.

We want to find ways to get people in there sooner. Having an outreach worker would make a difference, or going to the young people at the schools. We have a high school here with young people who are struggling with identity issues. There are sexual abuse issues and family violence, and if we could outreach to them and work with them, we could make a difference. We have to get them when they're young, instead of arriving here, again caught in relationships. They need to learn what's healthy and how to identify when they're in unhealthy relationships, these kinds of things. A healing centre would make that possible with families.

Ms. Peggy Sattler: And currently in Ontario, is that the only aboriginal family healing centre, the one in Munsee Delaware, or that's the one that Thunder Bay families would be referred to?

Ms. Patricia Nawagesic: Yes, that's where we currently send families with a lot of addictions that are focused on alcohol and drug abuse, but I think that healing centres go deeper. The drug and alcohol issues are symptoms of deeper core issues that we walk with, and the healing centre would be able to do that for us.

We don't all fit under alcohol and drug addiction. You have a lot of people who are not addicted and are struggling with family violence issues, so they don't fit into the treatment centre aspects.

Ms. Peggy Sattler: At the family healing centre, would there be some kinds of supports or services specific to violence against indigenous women as well as substance abuse and other kinds of issues?

Ms. Patricia Nawagesic: Yes. I think we need to look at how violence is affecting us in our communities and how it hasn't always been there. The way it is today, it's huge and we need to find ways to educate families on how they can move away from that kind of lifestyle. We can do that through healing centres and outreach workers' education.

Ms. Peggy Sattler: Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Nawagesic, for coming and informing this committee on your important work.

To our committee members, we now stand adjourned until 1:30 this afternoon, but I have some important information to relay to you, so just please hang on.

We stand adjourned.

The committee recessed from 1159 to 1330.

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. The Select Committee on Sexual Violence and Harassment continues today, on Thursday, April 9, in Thunder Bay.

MS. SAMANTHA SMITH

The Chair (Ms. Daiene Vernile): We have our first presenter this afternoon: Samantha Smith. Please state your name for the record, and you may begin any time. You'll have 20 minutes to speak to our committee, and then our committee members will ask you some questions. Go ahead.

Ms. Samantha Smith: Okay. My name, for the record, is Samantha Smith, and I am here today to speak on the issue of street harassment. I am a grade 12 student here in Thunder Bay, and last year, as part of a social science course that I took, I had to perform an investigation. I chose to do mine on the topic of street harassment.

In this presentation, I'm going to be covering a variety of issues, but I'm going to be doing a basic overview of what street harassment is. I'm also going to be talking about the prevalence and forms that people most commonly see it in, and some major misconceptions and misunderstandings that surround the topic. Then, as mentioned, I did a project on this, and I completed a survey and an investigation, so I'm going to be moving on from an overview to more of a look at the research that I did and my findings. I'm then going to be talking about some of the root causes, in my opinion and based on my research, of what causes street harassment and the underlying issues that are involved here. Then, afterwards, I'm going to be talking about some possible strategies, techniques and methods that can be used to combat and address the root causes of street harassment.

Starting off, I think it's important to have a solid understanding of what constitutes street harassment. A really good definition that I found defines street harassment as any action or comment between strangers in public places that is disrespectful, unwelcoming, threatening and/or harassing and is motivated by gender, sexual orientation or gender expression. That's a lot of words, but basically what street harassment is—and it's commonly known as things like catcalling, honking at someone on the street or saying something sexually motivated at someone. These are actions that take place in public places.

What's important to know about it is that it's a form of violence that truly affects everyone. Whether you've experienced it yourself or not, it's quite common that you will know someone who has experienced it. It is grossly

misunderstood by the general public, as well; a lot of people don't recognize it as a form of violence, which it absolutely is. In fact, the United Nations' definition of violence towards women includes "any act of gender-based violence that results in ... physical, sexual or psychological harm or suffering to women." This absolutely involves psychological harm, and can escalate to physical harm as well, so it's absolutely a form of violence, even if a lot of people don't necessarily immediately recognize it as one.

It's also a form of intimidation. I'm going to be talking about that a little bit later with some of the root causes, but it's a form of hostility and it's a form of intimidation. That's, in essence, what street harassment is and what I'm going to be talking about today.

In terms of forms and prevalence, it comes in a wide variety of forms. Some of the most common ones include things like obvious staring, whistling at someone, honking, making kissing noises, vulgar gestures, inappropriate touching or flashing. These would all occur in public places. It comes in a variety of forms. In terms of prevalence, women are most commonly affected by the issue. A survey that was completed in 2000 in America found that 65% of female respondents had experienced it, and 25% of the male respondents. So more females experienced it than males, yet there is prevalence for both genders. It's something that—obviously, with 65% of females—is a very common issue.

Just looking at the LGBT community, it's up to 90%, some statistics figure, of people in that community who have experienced street harassment in some form. So unfortunately, it's an extremely common form of violence in our society.

Moving on to some major misconceptions, I mentioned before that it's not always identified as a form of violence, and that's because there are a lot of misconceptions and misunderstandings that surround the issue. One of the most prevalent ones is that people see it as a compliment. They see it as flattering that you're commenting on someone in public and they don't see why it should be offensive or damaging in any way. That is not true. There are plenty of appropriate ways to compliment someone that don't involve intimidation, being hostile and making someone feel uncomfortable when they're in public. So it's absolutely not a compliment.

Another misconception is that people pretend not to like it, but they secretly do. That's simply not true. It makes people feel unsafe, it makes people feel uncomfortable, and it can lead to people feeling unsafe going out in public, which should never happen.

Another misconception is that people can ask for it: so by wearing certain clothing, going in certain areas or perhaps being under the influence—a variety of factors that influence whether it happens to a person or not. This is a misconception because people are harassed on the street no matter what they're wearing, no matter what neighbourhood they're in. It knows no boundaries. So that is another misconception.

Then the final major misconception is that because it's not physical violence, it's not truly harmful. That's simply not the case. Just because there isn't actual physical damage done to a person doesn't mean that that doesn't affect them psychologically and affect how they feel in their community and being out in public.

I thought it was interesting also to include that our society and mass media perpetuate this idea that street harassment is completely acceptable and that it's a compliment—so coming back to those misconceptions.

These were a couple of examples that I found. One of them—the middle picture there—is a picture of a moisturizer. It's describing how it's going to make you smell, and then the final part of the tagline reads, "And let the catcalling commence." It makes it seem like it's something that people want—simply not true.

On the other picture there, it's a face wash and the tagline is, "Wash. Get noticed. Pretend to be annoyed. Repeat." You can see that there's a picture of a construction—because it's often associated with construction workers. That's another misconception, because it's saying that people secretly want it. Again, that's not true.

Moving on to some of the root causes: Based on my research, one of the root causes I identified for street harassment is, as mentioned before, that it's not recognized as a real form of violence. So it becomes a root cause because people try and downplay it. They dismiss it as a mere nuisance or an inconvenience, and that it's harmless.

Another root cause is that it can be really hard to identify and even harder to report and take action against. It's hard to identify because it comes in so many different forms. There's also the issue of intent. So perhaps the person who made the action or made the comment didn't intend for it to be offensive, yet it still harmed that person. It's hard to identify, and then, in terms of reporting, it can be extremely hard because people don't know where to turn. They don't know who to talk to about this.

Another root cause is that we don't recognize how common it is. I talked before about the prevalence—65% of women, 25% of men, 90% of people in the LGBT community. It's clearly a very prevalent issue, yet people don't recognize it as that common. So when we do hear about it, we will sometimes associate it as a rare and isolated incident, and that's not the case.

Moving on to the research that I did, I mentioned that it originated as a class project. I decided to investigate street harassment and I performed a survey. What I was really interested in knowing is just whether students understand what constitutes street harassment. Do they have a basic understanding of what it is? Can they identify it in different scenarios? So I created a survey that I gave out to 29 grade 9 students at my high school, and that represented 15% of the grade 9 students at my school. It was seven multiple choice questions that posed either scenarios or statistics, and students had to choose the answer that they felt was either the most appropriate way to deal with that situation or that they felt was the

most accurate answer, if it was a statistic or something like that.

My hypothesis going into this investigation was that if both grade 9 males and females are tested regarding their perception of what constitutes street harassment, the males will have a less accurate perception of street harassment than females. I based that off the research I'd done before that had shown that more females were victims of street harassment. So I based my hypothesis saying that females would have a better understanding.

I went about that and I completed and conducted my survey. Then, when I got to analyzing all the results, what I ultimately found is that males actually chose the correct answer 15% more often than females, which was surprising to me. That disproved my hypothesis because it shows that males had a more accurate perception than females of what constituted street harassment. Overall, males chose the incorrect answers 52% of the time and females did so 67% of the time. This shows a huge lack of understanding of what constitutes street harassment. People were consistently choosing incorrect answers. Females did so at a higher rate, but both males and females did so the majority of the time. And I mentioned that, yes, it disproved my hypothesis.

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One thing I noticed is that when given the option, people chose the more lenient option. For example, there was one question on my survey that gave the scenario, "A woman is walking down the street and she's wearing a shorter skirt and a revealing top. A car goes by and honks and yells something at her," and then I gave options, such as, "This is completely unacceptable and wrong." I gave another option that was, "It's not very nice, but if she didn't want this to happen, she shouldn't have dressed in such a way." Overwhelmingly, both males and females would choose the more lenient answer, which is that it wasn't very nice, but if she hadn't dressed that way maybe it wouldn't have happened. This was shown in multiple questions, where there was a tendency to choose answers that put the blame on the victim. They were less likely to choose the hard answers, like "It's completely unacceptable and wrong."

Another finding was that students, when given questions, said that they wouldn't do street harassment themselves, they wouldn't engage in that, but they condoned the behaviour in other ways. That shows that, again, there's a lack of understanding there, because if they are saying that they wouldn't do it themselves but then they're providing answers that indicate that those are tendencies that lead towards street harassment, there's a disparity there. Like I mentioned before, overall, both genders have a poor understanding of what constitutes street harassment. So that's what came out of my survey.

What I went on to try and figure out was why it was more females—because it was females who chose the incorrect answer 15% more often. I started to do some more research and identify why it was more females than males, because this disproved my hypothesis. There were a couple of common things that I kept on coming back to.

One of those things was the issue of slut-shaming. If you're unfamiliar with what this is, it's basically embarrassing, insulting or otherwise shaming a woman or girl for her real or extrapolated sexual behaviour, including dressing a certain way—in a sexual way—having sexual feelings and/or exploring and exhibiting them. What I found is that this can be an explanation for why more females chose the incorrect answer over males, because we have a lot of girls who feel as though they need to slut-shame others so as not to be deemed a slut themselves. They would call these actions, when given multiple choice questions on the survey—they would choose the answers that were incorrect because we've been brought up in a way that teaches girls to blame themselves, that "You dressed this way, you walked in this neighbourhood, this is your fault." I feel like it's perpetuated more among females than it is among males. So that's one possible reason as to why it was more females.

Another reason could be the idea of victim blaming, so blaming the victims versus blaming the people who actually performed the action. Because women experience it in higher frequency, it could be possible that they chose the incorrect answer because they are blaming themselves and thus choosing the answer that would blame the victim as well. These are some possible reasons why I think it could be more females than males—which I thought was quite interesting and surprised me when I was doing my research.

Kind of bringing it all together in a sense, once I completed the survey, I was really interested in knowing what could be done to address street harassment. Obviously, through my research and through other research I had done, it was clear to me that street harassment was a huge problem that wasn't being addressed.

There are a couple of things that I think can help address the issue. Overall education is clearly important. The fact that people just can't identify what street harassment is and what constitutes street harassment is alarming, and it shows that there needs to be education for both females and males—education for all people—to understand what the issue is, and then also what can be done when you experience it: who can you go and talk to, what are the support services in your community where you could go and talk to someone. Because although it can maybe seem like isolated incidents—it happens once or twice when you're walking around—the long-term effects can be quite damaging. You feel less likely to go out in public because you're afraid of being harassed. It can also sometimes escalate to physical violence as well. There are a lot of ripple effects that come from street harassment that need to be addressed, so overall education I think is really important.

Another thing I have here is, when I was doing my research, I came across a site called Hollaback! It's basically an international website dedicated to the issue of street harassment. What's really unique about it is that they have branch sites for different cities, and cities can start one up. As you can see here, this is an example of

Ottawa's Hollaback! site. It allows victims of street harassment to share their story. It pinpoints where it happened on a map of the city, so that's helpful to see if there are certain areas where it's more prevalent than others. It allows them to share their story, and then they can also receive support from others. The site also provides local support services, whether it be counselling clinics or things of that nature, but specific to their city. I thought it was a really great resource to have, because when people don't know where to turn, this can be really helpful. It provides support, you're sharing stories, and you're hearing that it's not something that you have to go through alone, which I thought was really important.

I think that pretty much brings me to the end of my presentation. Thank you so much for listening and for having me here today.

The Chair (Ms. Daiene Vernile): Ms. Smith, it's astounding to hear that you are a high school student. Thank you very much. If I was your teacher, I'd give you an A-plus. Did you get a good mark on this project?

Ms. Samantha Smith: I did do well.

The Chair (Ms. Daiene Vernile): Okay. Good for you.

We have some questions for you now, beginning with our PC caucus. MPP Laurie Scott is going to ask you a few questions.

Ms. Laurie Scott: Well, congratulations—a great presentation.

Ms. Samantha Smith: Thank you.

Ms. Laurie Scott: What do you get now, is it A-plus or 99%? What did you get on your report?

Ms. Samantha Smith: Yes, it was up in the 90s. I did well.

Ms. Laurie Scott: Well, congratulations to you. That's quite an accomplishment, the presentation that you've done. I learned a lot. I hadn't really thought about trying to address the issue.

I wanted to ask, as you're going through school, about your exposure to how—so in Thunder Bay, it's a smaller high school. How many people are—

Ms. Samantha Smith: There's roughly 1,000 students at my school, ranging from grade 7 to grade 12.

Ms. Laurie Scott: Okay, so they start in grade 7. Very good.

How do you think the education system is—or just culturally, even in Thunder Bay, as an example—in terms of men treating women? Your statistics proved a lot of what we're hearing, just in a different—about women having the most street harassment. We see that, of course—as victims also; they're predominantly the victims. Do you have any input for us, at your age, which is very young, of what you think is happening or why women are—

Ms. Samantha Smith: Sure. Well, I think for the most part, at least at my school, I find it to be a very accepting place. I think that school staff and teachers do a really good job in a lot of classes at making sure that we have discussions about gender equality and gender-based violence. So I think that's really important. But when

looking at community as a whole, or just students' perception, I think a lot of it—I mean, we're in a digital age, and students are all online. I think a lot of our opinions are shaped by what we see online and having discussions with our friends. I think sometimes students will see something online that they think is funny and they'll have this discussion with their friend. Maybe they're not very informed on the issue, they don't know all the facts. I think that can lead to a lot of issues with gender-based violence, because students don't have all the facts. While teachers do a good job of promoting inclusivity in the classroom, I think outside of the classroom it can be a little bit challenging, because there's everything and anything on the Internet. You can find basically anything to support your viewpoint, even if it's not necessarily valid. I think that's something that can affect a lot of students and how they perceive these issues.

Ms. Laurie Scott: So do you think that the guys, the boys, don't realize that they've crossed some line of maybe how they should be treating young ladies or women?

Ms. Samantha Smith: Yes, I think that definitely occurs. I never want to generalize and say all guys, because that's absolutely not true, but I think there sometimes is this perception that it's a compliment and they say these sorts of things and they don't see them as harmful; they see them as flattering. That just leads to a lot of problems, because a lot of girls wouldn't identify it as a form of flattery. They feel harassed by it, because that's what it is: It's a form of harassment. So I think some people, and some guys, don't understand the repercussions of the comments that they're saying; they see them as kind of harmless.

Ms. Laurie Scott: Well, I am sure that your presentation and your education of them in the local area, hopefully, will make them think more often before they decide to say things or take action. Thank you for coming today.

The Chair (Ms. Daiene Vernile): Thank you. Some questions for you now from MPP Sattler.

Ms. Peggy Sattler: Thank you very much. I think you've got a very promising career as a social science researcher, so thank you.

There's been a lot of emphasis and work being done through the Ministry of Education, our safe schools policies, violence prevention policies and anti-bullying policies. You talked about the importance of education to make young people aware of what street harassment is and the impact it can have. Do you think more work needs to be done with the safe schools end of things to incorporate street harassment as one of the forms of violence or bullying that people can experience? And you did admit that it affects both boys and girls.

1350

Ms. Samantha Smith: I think there absolutely needs to be more education in the school system, because schools are where a lot of students—they might not have a home situation where they can talk to their parents or talk to their guardians about these sorts of things, but

schools should be a place where everyone is educated on these issues. So I think it's really important. Because I know, for example, in sexual education classes in high school or even in elementary school, that they start dividing by gender, I think it's important to have—both have conversations about street harassment, but they have a little bit of a different focus in each. I think having a male voice on something like the issue of street harassment, where the majority of victims are women, can be really powerful. Having a man speak out against street harassment can be really powerful, I think. So having education on street harassment in both classes, but perhaps having a little bit of a different focus in each can be really important as well. The role that men can play in addressing violence that affects women can be very powerful as well.

Mr. Taras Natyshak: Thanks. I enjoyed the presentation. It's certainly an issue that I think is gaining some prominence or awareness. I had come across a video that a woman made in New York, I believe, where she walked the streets for eight hours, and over that period of time she was harassed something around 100 times. It really shone a light on the issue and how prevalent it is. I'm wondering, in your research, did you come across any qualifiers as to who is the perpetrator? Is it young, dumb kids who have nothing better to do? Is that who makes up the bulk of it? Or is it random? As well, harassment, I would imagine, doesn't have to be relegated simply to sexual or gender-based—discrimination around race, as well, and I would imagine disability is also prevalent. That probably doesn't even make up any of your data.

Ms. Samantha Smith: Yes, exactly. I think that's an important point, that harassment isn't always sexually motivated. In my study that's what I focused on, but I think it's absolutely true when you look at things like race and disability. I think that's definitely a good point, and I think that's something more research needs to be done on.

In terms of your other question, which was looking more at the perpetrators, in my study I didn't look at that so much, but when I was looking at other research, what it seemed to point to is that the perpetrators tend to be people who don't know the victim. Unlike cases of sexual assault, where quite often the victim and perpetrator know each other, in cases like this it's a lot more random in that sense, where the perpetrators don't know the victim.

As far as a demographic or something like that, I don't know that exactly. I do know that it tends to be more males and male-to-female, and male-to-male as well, if there is a homophobic element involved. But I don't know everything there.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you today are from MPP McGarry.

Mrs. Kathryn McGarry: Thank you, Samantha. Your perceptive and well-presented presentation is incredible. Like MPP Scott, I hadn't thought of street

harassment as a form of sexual violence. I think what I'm hearing from that is that it's not just a form of sexual violence, but there's also that fear of crime. It's not just crime itself but the fear of crime that may impact people that have this happen to them. There's a lot in this that makes me sort of pause and think, can street harassment lead into other forms of sexual violence; or, for a young person that experiences this and finds it uncomfortable, could that possibly lead to their inability to deal with any forms of sexual violence in the future that might be more overt than just street harassment?

Ms. Samantha Smith: I think it's a great point, because I think the ripple effects of street harassment can be huge. The actual incident that occurs, whether it's someone honking or hollering at you or whatever, may seem sort of isolated, but down the road, I think it can affect a lot. Sometimes, just in that situation, things can escalate to become more aggressive. If someone is trying to talk to a girl on the street and she doesn't really want to respond—she's not interested—and they become more aggressive, that can lead to issues as well.

In terms of sort of general viewpoints and, I guess, dealing with those issues later on, I think it affects how women perceive themselves, because if they're constantly being seen as sexual objects whenever they go out in public and it sort of becomes the norm for them and just becomes accepted, I think that's definitely going to affect their relationships and their encounters later on, because if they don't have someone telling them that it's wrong, they're not going to know that it's unacceptable and that they shouldn't be treated this way, and perhaps they're going to come to accept other forms of violence later on because they don't know that this isn't acceptable in the first place.

Mrs. Kathryn McGarry: Yes, I would fully agree with what you had to say. You spoke to education being a component of trying to build awareness. Do you have some ideas, especially with young people, on how to address the education that this is wrong and also how to address dealing with sexual harassment and violence overall in the future for young folks?

Ms. Samantha Smith: As far as the actual education aspect, I think there may be a couple of things that could help out there. I think just having a class discussion on different forms of violence is really important because I know, specifically for street harassment, that a lot of people don't identify it as a form of violence in the first place. So if there could be more discussion on just what violence is and that it doesn't always have to be physical, that it can also include verbal violence as well, that I think, is really important.

I think also that sharing personal stories—and it doesn't have to be the student; it could be a video or something—is really important as well because it adds that element that it's actually people being affected. I think that can be really powerful. I spoke about that video, and that's a really powerful tool because you see firsthand how this is happening and you can see other videos that explain more of the effects and how it can

make a person feel. So I think sharing personal stories is really important too, because I think a lot of students will identify with that.

If, in my class, we were to have a discussion about street harassment, I know that myself and a couple of my friends would be able to talk about our experiences with it because it's common, and I think sharing those stories is really important.

Mrs. Kathryn McGarry: Okay. Am I out of time?

The Chair (Ms. Daiene Vernile): You've got about 30 seconds.

Mrs. Kathryn McGarry: How do you see that education rolling out to the adults in your life—parents, teachers, peers?

Ms. Samantha Smith: They need to understand better their role as supporters and what they can do to help their child who might be experiencing this or who maybe has questions about it as well. Again, the whole idea of education: They need to be more educated on why it's a form of violence and then also how they could support someone who's going through it—what are some community resources that they could turn to? How would they help address this? Things like that. So it's their support role.

Mrs. Kathryn McGarry: Social media campaigns, those kinds of things, to try and get the word out?

Ms. Samantha Smith: Yes, absolutely.

The Chair (Ms. Daiene Vernile): Thank you very much for your presentation today, Samantha Smith. I have a feeling we're going to be seeing great things from you in the future. We'll keep our ears and our eyes open for you.

You may join our audience now, if you wish to, to listen to the rest of our presenters this afternoon.

NISHNAWBE ASKI NATION

The Chair (Ms. Daiene Vernile): I'd like to now call on our next presenter, Deputy Grand Chief, Nishnawbe Aski Nation, Alvin Fiddler, to come forward. Mr. Fiddler, just have a seat at any of those chairs there that has a microphone in front. Pour yourself a glass of water if you'd like. You are going to have up to 20 minutes to address our committee, and once you are done they are going to ask you some questions. For the record, state your name, and begin any time after that.

Deputy Grand Chief Alvin Fiddler: Good afternoon, everyone.

The Chair (Ms. Daiene Vernile): Good afternoon.

Mr. Alvin Fiddler: Thank you for allowing the Nishnawbe Aski Nation to make a presentation to this committee.

Whenever I speak at a function in Thunder Bay, I always start by acknowledging the territory that we're in. The beautiful land that you see out there is the territory and the lands of Fort William First Nation. I acknowledge Chief Georjann Morrisseau, her council, her membership, for allowing us to do business here today.

1400

My name is Alvin Fiddler and I am from one of the communities that NAN represents, a small community called Muskrat Dam in northwestern Ontario, a small community of probably 200 people. Nishnawbe Aski Nation is one of the PTOs in Ontario, a political territorial organization. It represents the communities that signed Treaty No. 9 back in 1905 and 1906, and then the adhesion that occurred in 1929 and 1930. We also represent communities that belong to Treaty No. 5, those communities that fall into what is now known as the province of Ontario. In total, there are 49 communities that NAN represents.

If you look at the map of the Nishnawbe Aski Nation, you will see—and I forgot to bring my map with me today—it encompasses nearly two thirds of the province of Ontario, from the Ontario-Manitoba border in the northwest, along the Hudson Bay, James Bay, down to Timmins and then just north of Thunder Bay. It's a very vast territory. A good number of those communities that we represent are fly-in remote communities.

Last Wednesday, I travelled to Toronto to attend the Justice for Cindy Gladue rally that was held outside the Ministry of the Attorney General's office on Bay Street. My wife will tell you that I'm away lots in my work as a Deputy Grand Chief. But I try to be selective in terms of where I need to go and where I need to be, considering the number of communities that we represent and the meetings that we have in Toronto or in Ottawa. I try to prioritize where I need to be because I value my time. I value the time that I spend with my wife and our two daughters. I always look at where I need to be next week or the week after.

When I saw this event that was being planned in Toronto, I knew that I had to be there because it's something that we need to talk about, the sad and tragic case of Cindy Gladue. It embodies a cross-section of so many issues that we're talking about here today: the sex trade, missing and murdered women, the failure of the justice system to do justice for people like Cindy Gladue, policing, the lack of First Nations people in the justice system—all those things that make up this case. I felt that that's why I needed to be there, that we need to talk about what happened with Cindy Gladue.

I think when people hear about this case, one of the most tragic and one of the most shocking aspects of what happened to Cindy was the fact that the judge who presided over that case made a decision to use the most private and most intimate part of a woman's body as evidence, to be put on display in a very public place, like in a courtroom. When people found that out, that was just very shocking. How can this happen? I think that's the question we need to ask ourselves: What can we do to make sure that this never happens again in the country and also here in Ontario?

We need to create legislation. We need to create policy. We need to create laws that will prevent this happening again in the country. It should never happen here in Ontario. That's why I was there, just to lend my

support to the people who gathered there. There was also a representative from Cindy's family who read a statement on the family's behalf stating their concerns with what happened to their loved one.

I also want to talk briefly about the situation here in the NAN territory and the communities that we represent. We have compiled some data in terms of trying to get a sense of how big this problem is, the number of sexual assaults, the number of domestic calls that our police service, the Nishnawbe-Aski Police Service, gets from our communities to respond to these types of situations, and it's really high. In fact, you would say that it's staggering, the fact that a police service like NAPS that is trying to provide a service to our community is not considered a full police service; that, in the eyes of the government, they're a program. And they are funded as a program. They're not funded as a regular police service. To try and respond to these types of issues is very challenging.

In addition to holding the women's portfolio for NAN, they also hold the policing portfolio as well as the justice portfolio. So I'm somewhat aware of what is happening in our communities on the policing front and also with the failures of the justice system.

I was asked last year by the Attorney General for the Liberal government at the time—of course, it still is—John Gerretsen, to co-chair this committee that was being set up to look at the recommendations that Justice Iacobucci had made in his report that was released in February 2014. We've been travelling across the province, talking with community members directly to hear from them in terms of how we can begin to fix the justice system so that it works for all, especially in our communities in the north. That's part of the work that NAN is doing to try to make things better for our communities.

We've also been working closely with our legal arm—that's NAN legal services—to ensure that it has the tools to work with our community, especially when it comes to dealing with victims in families that experience family violence in their homes and in their communities.

The other issue that we've been dealing with in NAN, when we talk about what's happening now in our communities, when we look at the data, for example, that we get from our police service—a lot of that is historic. The things that we're seeing in our communities—the rates of violence, the homicides, the suicides, the tragic things that you hear about in our communities—those things just don't happen overnight. There's a long and sad and tragic history that is contributing even now to what is happening in our communities.

One of them is Ralph Rowe. You probably don't know the name Ralph Rowe, so I'll just briefly talk about this individual. He was an OPP officer. In the 1960s he became an Anglican minister and a Boy Scout leader, and during the time that he spent in our community in the 1970s and the 1980s he abused, some have calculated, over 500 kids throughout the NAN territory. Those kids are now men, like myself, in their forties and early fifties, and if you visit any of the jails in Thunder Bay or in

Timmins or in Kenora, you will see many of his victims in these facilities. Where is Ralph Rowe? He is enjoying his freedom in BC.

1410

The people that he victimized—a lot of them—have continued on with that cycle of violence in their own homes, either with their spouses or their kids. I talk about this because, to me, that's another really glaring example of how the justice system in Ontario has failed our communities. There was a deal that was made between the crown attorney and his lawyer that any future cases, any future disclosures, would just be lumped in with what already happened previously in 1993 and 1994. So they more or less closed the door on any future—and we know that there are many more men out there who were never ready to come forward and make their disclosure.

I want you, as MPPs, as leaders of this province, to know that that's what we're dealing with in Ontario. Every time I go to the Ontario government to help us provide support for these families, it's always—you're begging for scraps of funding to do a healing conference, to do a meeting with these survivors in one of our communities or in Thunder Bay. They also want healing for their families. It's not just them who have been impacted by what happened to them when they were small. It's having an impact on their families today.

That's what I have to do every year, is to go back to Ontario. Every year, that funding level is getting less and less. But the impacts of Ralph Rowe are not getting less and less. In fact, as they have more kids or grandchildren, that impact is growing, because we don't have the adequate resources to really put in place a comprehensive plan that would begin to mitigate the impacts of this—we call him a monster. He has been labelled—in fact, I remember; I was there. One of the first judges for this case called him the most prolific pedophile in the history of this country. So that's what's happening in the NAN territory.

But there are things we have done, too, at NAN. We recognize that all individuals, all families, deserve to live in a safe home in a safe community. With whatever resources that we have at NAN, we've put in place different types of actions or programming to try and create that, because everyone has that right, to live in a safe home and in a safe community. All our children deserve to feel safe no matter where they are.

Just recently, we launched what we call the Draw-the-Line Campaign. I have some material here I'll leave with you. That's to create awareness in our communities, especially with young girls, of what is harassment. What does that look like? What are your rights? What can you do to defend yourself or to defend your friend if you see a friend of yours getting harassed? We launched that campaign just a couple of months ago, in February.

We've also created some resource material to help victims to know what their rights are, to know what to do if they experience violence in their homes or in the workplace or in their community.

I also want to acknowledge the NAN Women's Council. They've been very active. They just had a gathering

here in February, I think, and they had another election to select the members of the NAN Women's Council. They've been very strong and instrumental, not just in the NAN territory but even at the national level, to bring these issues to the forefront.

Last May, during the Mother's Day weekend, they held an event in Ottawa. They called it the 24-hour Sacred Gathering of Drums, to honour their missing sisters, to honour their missing daughters. I went with them. I felt that I needed to be there rather than—again, to the chagrin of my wife, I had to leave her here, and my mother, who is living up in Muskrat Dam. I very much wanted to spend Mother's Day with my mother, who is living with Parkinson's, but I went to Ottawa. They were there all night on Victoria Island with their drums and their songs, and the next day they walked over to Parliament Hill. That was the day—the next day—that the UN report came out outlining the issues, or some of the data, on missing and murdered women. We didn't know that was going to happen. It just so happened that we were there.

That afternoon there was a brief exchange with Minister Peter MacKay, Minister of Justice, when he came out to the front, and shortly after that there was a meeting that Minister MacKay called for. We went there two weeks later and met with him in his office, and that's where we proposed this idea of a round table. We knew the government of Canada's position that they had said no to an inquiry on missing and murdered women, but we did ask him if he would consider having a round table, a gathering of governments, a gathering of families, a gathering of different organizations like NAN or AFN, and that happened in February of this year.

We see that as the beginning of a national dialogue that needs to happen, and it needs to continue, because all of us have a responsibility to do something about what we're talking about here today. It's not just the government of Ontario or the government of Canada or First Nations or the families; we all have a responsibility, we all have a stake in how we can begin to fix this. I hope that continues. I was really encouraged, at that round table in February, to see a number of Premiers, including Premier Wynne from Ontario, play a leadership role in addressing this.

In closing, I just want to acknowledge the strategy that was rolled out recently by Ontario. The only thing I will say, though, and I say this with deference: Because of where we are, because of the fact that, I think, 32 or 34 of our communities are fly-in remote communities, we sometimes get lost in the regional process. We just want to issue the call or the red flag to the province in how this gets rolled out regionally: You need to be mindful of the uniqueness of NAN and the unique challenges when it comes to trying to provide a service to fly-in remote communities. It's difficult; it's challenging.

The Chair (Ms. Daiene Vernile): Chief of NAN, you have about 30 seconds left in your presentation.

Deputy Grand Chief Alvin Fiddler: If there's a way to work directly with NAN on this important strategy, I

would recommend that this committee make that recommendation to ensure that NAN and our communities do not get lost in this regional process.

Meegwetch. Thank you for listening to me.

1420

The Chair (Ms. Daiene Vernile): Thank you very much for your presentation. Your first questions will come from our NDP caucus.

Ms. Peggy Sattler: Thank you very much for making this a priority in terms of your time to come to speak before this committee. You bring a very important perspective that we are committed to honouring in the work that we're doing. Certainly, we've heard a lot over the last couple of days about the need to acknowledge the history of colonialism and the racism that intersects with violence against women to understand the experience of indigenous women. So I really appreciate your presentation.

I had a couple of questions. You mentioned that NAN police services is a program, not an actual police service. Is that because of federal legislation or does that have anything to do with the province of Ontario?

Deputy Grand Chief Alvin Fiddler: Well, police services like Nishnawbe Aski Nation or Nishnawbe-Aski Police Service were created under the federal program, the First Nations Policing Program.

Ms. Peggy Sattler: Okay.

Deputy Grand Chief Alvin Fiddler: In Ontario, that's APS, NAPS, and there's a number of stand-alone police services. So we are governed by that program and that's how we're funded. It's a tripartite process between NAN, Ontario and Canada.

Ms. Peggy Sattler: If a woman in one of these 49 communities that is represented by NAN experienced sexual assault, what would she do? Where would she go? Who would she talk to? Would her first point of contact be with the NAN police service, or would she go to a sexual assault/domestic violence treatment centre? What would she do?

Deputy Grand Chief Alvin Fiddler: Well, I would hope that there's a police officer in that community. In terms of other facilities or other services, chances are that they are not in our communities. There's no shelters. There's no emergency-type homes. One of the issues that we have with our police service is that because of the funding structure in place, we cannot guarantee on any given day that we'll be in this community. In fact, last winter, we issued a public safety notice to our communities—and I would suggest to this committee that you get that notice because it's still in effect today—that we're basically telling our community members, "We cannot guarantee your safety."

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions for you are from MPP Thibeault.

Mr. Glenn Thibeault: Thank you, Deputy Grand Chief, for being here today. Of course, I'm also a father of two young daughters, so being away from family is always difficult, and finding the time to be able to come

and speak to us today I think is very important for all of us. So thank you again for being here.

Your statements were very powerful. Your report that you submitted to us has 11 commitments, and I noticed the language difference where we get many reports that come to us and they say “recommendations.” Yours are asking for commitments, which I think are fantastic, because what I think we’ve been hearing over the last few days—specifically, I started in this with saying I’m a northerner, and you may differ, because I am from Sudbury and I hear that often—is that we need to do more when it comes to training and to ensure that the revictimization doesn’t happen.

Yesterday, in Sudbury—there are many First Nations communities around my hometown that we would consider remote, but you can still drive to them. We had Ms. Burton speaking about Dokis, Henvey Inlet. I grew up around that area, and you can still drive. They were talking about the problems of revictimization, where an aboriginal woman—they’re fortunate enough to have police in the area, and all of a sudden they are put in the back of a police car and taken two and a half hours into Sudbury, Sault Ste. Marie or wherever. So now they’re feeling like the victim because they are in the back of a police car.

How difficult is it for these fly-in communities? What do we need to hear, and what recommendations would you have for us, to ensure that the revictimization doesn’t happen again? Would you have any suggestions for us?

Deputy Grand Chief Alvin Fiddler: Thank you. There was a tragic fire that happened in Kashechewan in 2006 where two young men burned to death in a make-shift jail facility. There was an inquest that was held in Toronto in 2009. There was a whole set of recommendations that came out from that inquest into the deaths of James Goodwin and Ricardo Wesley. So we have been pushing both Ontario and Canada to really take a look at those recommendations, because I think they provide a blueprint in terms of how we can begin to address some of those issues.

Also, last year, the Auditor General of Canada came up to NAN territory when they were doing the audit of the First Nations Policing Program. Of all the regions in Canada, they picked Ontario and Alberta, and they came to NAN. I travelled with their audit team. We went up to six communities in the NAN territory, and they released their report last May. Again, there are some really good recommendations there in that report that the Auditor General of Canada provided.

I was really glad that they came to the NAN territory, because they got to see first-hand the conditions that we’re talking about. Sometimes I feel like I can talk and talk in meetings in Toronto and Ottawa without really getting my point across, but I’m really glad they came, because they really saw first-hand the conditions and they were able to capture that in the report.

Mr. Glenn Thibeault: Great.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions—

Mr. Glenn Thibeault: Could we ask that the Clerk, though, maybe get that report from the Auditor General of Canada in relation to—

Deputy Grand Chief Alvin Fiddler: That was released last May.

Mr. Glenn Thibeault: Released last May? That would be great, because they’ve got recommendations.

The Chair (Ms. Daiene Vernile): It will be public information. We can get that.

Our final questions for you are from MPP Hillier.

Mr. Randy Hillier: Thank you very much, Chief, for being here today and providing this report. I’ve only got a short period of time, and I’m not going to get all the information that I’d like to get. One of the things that we’ve been looking for that came out from an earlier presenter was if there’s any difference in the statistical breakdown from native people on-reserve and outside. I was wondering, with NAPS, would you have that statistical information about the number of sexual assaults and the different breakdown in what’s happening in your community that you’d be able to share with us?

Deputy Grand Chief Alvin Fiddler: I struggled with that a bit when I was—or not me, but when our staff were compiling the information for us to present to this committee. We do have some stats. We do have some data from our police service. But I’m hesitant to just compile that in a table and present it to you because, without providing the context of the data, without providing some background—I don’t want to be seen as feeding into the government’s position, especially the minister of Indian affairs, Valcourt, saying that it’s native men who are beating up native women.

Mr. Randy Hillier: I’m just looking at the numbers. We’re hearing all kinds of different statistics, and the lack of reporting or the reluctance to report, and I’m just seeing what we have from your communities, what’s happening there, and if it’s any different, or can we learn anything from these statistics?

I think it’s also important, for myself and I think everybody else here, to understand that you don’t have a police service detachment in each of your communities. Is that fair to say—there’s some sort of rotation? I think if you can maybe take a moment, in addition to the statistical question: How does the justice system work, and law enforcement, in these remote fly-in communities? Just give us a little bit of a better understanding.

1430

Deputy Grand Chief Alvin Fiddler: Well, ideally you would like to see all these systems in harmony, if I can put it that way: that they’re supporting each other, that all these systems, whether it’s the policing system, the justice system, community safety in our communities—all those things—are in sync with each other. But the fact is that there are gaps.

Mr. Randy Hillier: That’s what I’m trying to understand: the gaps. If an assault happens in a remote fly-in community, how does that get—

Deputy Grand Chief Alvin Fiddler: If it’s a very serious case, then the police or the NAPS police service

would fly in. They would have to actually charter a plane to fly in and address it there.

The Chair (Ms. Daiene Vernile): Deputy Grand Chief Fiddler, I'm sorry to do this to you, but if you want to wrap up, we're almost done with your time.

Deputy Grand Chief Alvin Fiddler: Yes. I mean, it's—

Mr. Randy Hillier: Maybe you could ask for another presentation later on, just to fill us in and to have that context, as well. Maybe some of that data could flesh out some of the details and give us context.

Deputy Grand Chief Alvin Fiddler: I would hope that this committee—that you do your homework, that you examine further the issues we're raising and also examine the conditions in our communities: the fact, as I said, that it's very challenging to provide a service to a number of communities that are so spread out in a wide geographic area, and that you make those recommendations. And whatever strategies or whatever programming is put in place, you need to factor all of those in.

The Chair (Ms. Daiene Vernile): Deputy Grand Chief Fiddler, you've given us a lot to think about. I want to thank you very much for coming and sharing your time with this committee. I invite you to join our audience, if you wish to, for the rest of the afternoon. Thank you very much.

Deputy Grand Chief Alvin Fiddler: Thanks.

GENDER ISSUES CENTRE,
LAKEHEAD UNIVERSITY
STUDENT UNION

The Chair (Ms. Daiene Vernile): I'd like to call our next presenters, from the Lakehead University Student Union: Jiyal Chung. I apologize if I didn't say your name correctly.

Ms. Jiyal Chung: Jiyal.

The Chair (Ms. Daiene Vernile): Jiyal. Okay. Once we get started, I'm going to have you state your names for the record. Ladies, you have up to 20 minutes to make your address. Please begin by stating your names, and then start any time after that.

Ms. Jiyal Chung: Do we need to press the button?

The Chair (Ms. Daiene Vernile): It's on. When you see the red light, you are ready to go.

Ms. Jiyal Chung: My name is Jiyal Chung.

Ms. Taslim Alani: My name is Taslim Alani.

Ms. Jiyal Chung: Thank you for allowing us time to share and speak. I am the current coordinator of the Gender Issues Centre at Lakehead University Student Union. It is a student centre providing peer support, advocacy, action, resources and referral to services on and off campus.

Working from an anti-oppressive feminist framework is the way in which GIC raises awareness by campaigns, groups, events and doing outreach work on gender-based violence, anti-racism and other forms of discrimination. Taslim?

Ms. Taslim Alani: Once again, my name is Taslim Alani. I am a PhD student in clinical psychology. I also have a background in international development studies and women's studies. So I come here today as a researcher and as a student. I also sit as a board director of the Lakehead University Student Union, and I've also had the opportunity to teach courses at both the college here—that's Confederation College—and at the university. So I come today wearing a bunch of hats, with the hope of representing the needs of many students across the city.

Ms. Jiyal Chung: Our presentation focuses on the university campus: the students' right to safety and their ability to experience education free of discrimination and violence. Looking at the incidents covered by media, including the online class, the Facebook page, Dalhousie, the gentlemen Facebook page, the St. Mary's rape chants at orientation and Mandi Gray at York University, as well as thinking about what students have experienced coming to the GIC to access support and resources at Lakehead, we can begin to understand how campuses reflect the challenges that we're facing right now in our society, and in providing support addressing and preventing this systemic issue.

Student unions in the Canadian Federation of Students have been at the forefront in playing a role in advocacy and providing campaigns such as No Means No since the 1990s, and prevention through ongoing peer support, asking for and figuring out mandatory education training. It is very important to have a stand-alone policy on sexual assault and sexual violence, such as harassment, to specifically lay out the process in which to accommodate a student's needs. The knowledge of supports and services on and off campus is very critical in regards to first response to people disclosing.

Regarding the barriers to reporting formally or informally, understanding the reasons why people choose to not report is a way to work meaningfully with students to develop support and improve the ways we can play a role to prevent sexual violence on campus. We'll get a little bit more detailed about those barriers and the challenges within the context of the university campus.

If we consider the prevalence and that at any time a person we care about might disclose, we can dialogue on these ways to working toward change. The CFS created a fact sheet in 2013 on sexual violence on campus. Four out of five female students said they had been victims of violence in a dating relationship. Many on-campus sexual assaults occur during the first eight weeks of campus, as you might know. More than 80% of rapes on college and university campuses are committed by someone that is known to the victim, half of these occurring on dates.

To make institutional change within the university, it's necessary, as I mentioned, to have that stand-alone policy. It is a way in which to take steps to ensure that the education policy and procedure, the support resources, are varied and well-funded, and that those taking on the role of facilitating such work, such as student centre coordinators, other students in leadership—that they know that they are supported.

I think Taslim will just share a little bit too. We both have served on various committees, so she can share a little bit on those experiences.

Ms. Taslim Alani: Yes. I just wanted to reiterate some of those stats again. That's four out of five women on university campuses who have experienced sexual assault, which is an astounding statistic. I think that's something to really take into consideration. That 80% of rapes on college and university campuses happen by someone that a woman knows is also something that we need to take quite seriously.

As I mentioned, I serve many roles within this community, not only the Lakehead community but the Thunder Bay community in general. In just having the opportunity to interact with students as a lecturer, as a teaching assistant, a lot of students have come to me with disclosures, not necessarily specifically related to sexual assault, but more so around relationship difficulties that often have connotations of sexual assault. Some students have come forward quite explicitly with disclosures, and just thinking about students' mental health and well-being and how we need to better support that—especially when we consider the other stresses of just being a student in general.

Also, in my clinical work, I have had the opportunity to work with women around issues of domestic violence and sexual assault, working with indigenous communities here around sexual assault and violence and how we can better support people. It is a very sensitive topic. We're looking not only at an isolated event, but we're looking at histories of trauma. We're looking at how our identities intersect and how we need to hear from the people who are experiencing, who are surviving these experiences, to better understand what we need to be doing to support them. It's not necessarily helpful for us to make decisions on behalf of others, but to really work collaboratively, as Jayal said, to take a community-based response to how we're approaching dealing with these situations, which is why it's so fantastic that this is happening here today.

Ms. Jayal Chung: Definitely. With taking a community-based-response approach, breaking down those barriers is one of the key approaches to look at how we apply policy, how we establish accountability and due process for people experiencing this. I've observed similar challenges, just as Taslim highlighted, in various groups within our city trying to address racism: for example, Diversity Thunder Bay; hate crimes by Thunder Bay police; how to best support people who have experienced these incidences; and in community conversations—in particular, Walking with Our Sisters, the exhibition that had come to the Thunder Bay Art Gallery in honour of missing and murdered indigenous women.

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There's a lot of grass-roots organizing and peer support happening, but still there are gaps in the recording and ways to report what counts—how incidences are legally defined, where the reports go and who has access to this information are questions. Though a person may choose whether to report formally or informally doesn't

often, in turn, mean that it gives relief to the person reporting and their sense of safety back. So looking at the big picture, how does this affect us as a city?

People who have faced trauma in the first place seeking help in their healing is the acknowledgement that it happened and the validation and the experience—just as Taslim mentioned about specific identities and the deeper impact that it has.

Universities are expected to handle complaints, but as reflected in the media, there are different stages to being able to effectively provide support due to a number of reasons: lack of care, lack of resources, and structural violence within the system.

A broad framework of understanding why it exists means we can understand how we can step forward to break down these barriers and that sexual violence affects all genders and particularly, as the MPPs mentioned, disabled racialized indigenous women and trans people. That needs to be part of the discussion speaking about sexual violence.

Taslim just has a bit to add to that.

Ms. Taslim Alani: Yes. So it's important to remember that when we're talking about violence against women, this isn't just a conversation about gender. As was highlighted before specifically in relation to Samantha Smith's presentation, we're talking about higher rates of violence against indigenous women, higher rates of violence against individuals who identify as queer or as trans or who are racialized. So while it is challenging to address some of these issues—especially within Canada because we consider ourselves a very multicultural, very open and tolerant country—we still see these differences in rates of violence. So it's really important to remember that it's not just about a gender problem. It's about an intersectionality and diversity problem. In continuing to pretend like it's not, we're not doing anyone any favours.

So to really understand the complexity of identity and how—when we even look at socioeconomic status, when we look at literacy rates, when we look at employment and housing, we know that all of these things contribute to how individuals experience violence and how often violence occurs to these individuals. I think we need to make sure that we're addressing this from a complex perspective and a holistic perspective.

Ms. Jayal Chung: A way in which to engage people that I found is through those personal working relationships on a personal level, talking to friends and colleagues, peers or family, the ways in which, at any time, someone we care about can disclose that this might happen. Knowing how to support that individual through their experience is so key in making institutional change in the workplace, at school and within relationships to improve first response. We need people who are compassionate in those leadership roles to engage in allyship and the resources, just continuing to build relationships at the local level and beyond.

The way we can do this—in summary: support the Canadian Federation of Students' recommendations; create and invest \$6 million for the sexual assault support

division within the government of Ontario; determine best practice in data collection; pursue received student complaints of policy non-compliance; and adjudicate long-term resource funding, the sustainable funding to students, campus groups, universities and colleges for education and training supports. That is a long-term commitment.

Folks might be aware that we already have much research that we can integrate, share and analyze coming from Metrac, developing a response to sexual violence, which we consulted when we had formed our task force at Lakehead University—violence accessibility; more Metrac reports.

I just wanted to speak to the specific example of Lakehead University, which has a population of 8,552 and a campus here in Thunder Bay as well as in Orillia.

Lakehead University's Task Force on Sexual Assault Education, Prevention and Support was struck in 2013. The task force's formation was a response to a letter to the editor published in our local paper, the *Chronicle-Journal*, by a former student. It captured her disclosure of an alleged sexual assault involving another student off-campus. The anonymous woman didn't formally report but shared her demoralizing experience in regard to a lack of clear process, in summary, and supporting her accommodation needs. She wrote about the experience of revictimization, and that she doesn't want this to happen to anyone else again.

In 2014, the Lakehead Sexual Misconduct Policy and Protocol came into effect. A brochure, website and orientation session—both student affairs and myself got to present a session on sexual assault and the policy consent information to first-year students, which will be ongoing. We continue to work collaboratively, as mentioned, for this programming, for orientation. Conveying the importance of training faculty and staff and students is really the very key approach to continuing to address this problem.

University is public education. It's a proactive way in which we can do this work. It's a tool for making change and raising awareness.

Taslim is going to chat about the barriers and a little bit more information about the cost of this violence.

Ms. Taslim Alani: If we think about the experience of violence and specifically women's experiences of violence, we often think about the justice system and the justice system's response. But it's much more than that. We're talking about women often feeling unsafe in their spaces. Again, Samantha Smith talked about that in terms of street harassment. Mr. Fiddler talked about it in terms of being afraid of the justice system not necessarily having accountable responses.

But we're also talking about it at the university level: not feeling safe in your classes, not feeling safe walking in the halls, not feeling safe walking to your car, whether during the day or at night. We're talking about how it affects interpersonal relationships—your relationships with your peers, your professors, administration.

We're talking about mental health issues. We know that experiences of violence can create the onset of post-

traumatic stress disorder, mood disorders, anxiety disorders. It can affect the overall quality of life of an individual. So we're not just talking about an incidence of violence; we're talking about this affecting potentially the rest of a woman's life, the rest of an individual's life. This is extremely problematic. If we're not taking proactive steps, if we're not being accountable for our actions in supporting individuals who are surviving the effects of violence, we're letting these problems continue to cycle through.

And then if we think about how these experiences affect just specifically the life of a student, we're talking about potentially dropping one's courses, losing all of one's tuition or potentially having your grades suffer and not being able to continue on, whether it's through graduate school, professional studies or looking for employment.

We're talking about having to access mental health care, which—fortunately, if you're a full-time student, you have the health benefits of a student, but that will fund maybe three sessions of therapy, which I'm hoping we know is probably not enough to help anyone.

The Chair (Ms. Daiene Vernile): Ladies, you have one more minute left in your presentation.

Ms. Taslim Alani: Thank you. We're talking about a bunch of effects on an individual's life.

Is it okay if I just wrap up?

Ms. Jayal Chung: Yes, sure.

Ms. Taslim Alani: Again, in just thinking about how we are here to represent students—not only of Lakehead University but students in Thunder Bay in general—it's important to be accountable, to have initiatives like this and to make sure that there are steps to help us move forward in the future. Remember to do your research, like Mr. Fiddler said, looking at some of the documentation that Jayal mentioned earlier on in the presentation.

Feel free to get in touch with either of us, should you have any questions, because we look forward to continuing this dialogue with you at a later date. Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much. Your first questions are going to come from MPP McMahon.

Ms. Eleanor McMahon: Thank you. When I look at the two of you, I think the future is in good hands. Can I just say that, for all of us of a certain age, we're honoured by your presence here today. The work that you're doing is so important for not just your future but the future of all young people across our province. So thank you.

Ms. Jayal Chung: Thank you.

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Ms. Eleanor McMahon: A couple of just startling statistics in your presentation. Before I continue, may I ask that if you have research like that that you could share with us, we'd be most grateful—

Ms. Jayal Chung: Sure.

Ms. Eleanor McMahon: —because it helps to shape our final report and we can include it in our conversations. So we really appreciate any data sharing that you can facilitate for us.

Some of the compelling things that you talked about in terms of those stats—four out of five women experiencing sexual assault; 80% are people they know. It leads me to something that we heard yesterday in Sudbury from Laurentian University. While the student union wasn't represented, their thoughts were reflected through the faculty members that were there and the staff at the university, who are certainly not only alive to this issue but, like you, seized with what needs to be done. They talked a little bit about the confusion around consent, and I wondered what your thoughts were about that. We're hearing that from various people, that it's—we just released our physical health and education curriculum, as you know, where we talk about consent at a very young age, but the fact that it's still an issue at university tells us that there is a gap that's missing there and there's some confusion around consent.

Finally, could I just get your thoughts on what might be at the root cause of this, which is what constitutes sexual assault, and the lack, maybe, of awareness around what that is, and maybe some abiding confusion? Can you give us your thoughts on that?

Ms. Taslim Alani: Yes. Jayal, do you want to address that first?

Ms. Jayal Chung: Yes. Just regarding consent education, I think it needs to happen at the elementary/high school level and the changes to the sex ed curriculum: body autonomy—what does it mean; how to communicate when somebody is making you uncomfortable; what is unwanted; which would be sexual harassment or assault. Having those conversations early within families and inspiring people to really understand consent, in the sexual context and outside the sexual context—with the No Means No campaign at CFS, it was very important to establish that. But the conversation is changing, just like in the States, Yes Means Yes and the move towards that. But consent always being a mandatory message, I think that needs to continue to be communicated at all ages.

Anything you wanted to add?

Ms. Taslim Alani: I think when it comes down to consent, there is a little bit of hesitation in having those conversations and making them explicit, and part of that is a larger societal issue around men supposing to always be interested in having sex and women kind of being complacent towards it. With that comes a power dynamic and a little bit of a lack of communication. I think that if we, in my opinion, took sex a little bit more responsibly, we could have those conversations instead of making assumptions about them. So like Jayal said, talking about No Means No or Yes Means Yes; having a conversation. If you are not ready to have a conversation about it, perhaps you shouldn't be doing it—and not assuming that consent is in place because there is some intimate behaviour going on; not assuming that just because someone is doing something or wearing certain clothes or using certain language, they are interested in engaging in sexual behaviour. With a Yes Means Yes kind of perspective, then we can actually ask the question, and if you don't hear a yes, don't assume that it is a yes.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is going to come from MPP Scott.

Ms. Laurie Scott: Thank you very much for presenting here today. I'll follow up a little bit on MPP McMahón's question on the education, the consent.

The TV ads are out now as part of the action plan. Do people your age watch TV much? Do they see the commercials? I mean, it's just—

Ms. Jayal Chung: That's a good question.

Ms. Laurie Scott: I thought of this question before and then since you're here, I thought maybe I'll ask you two what you think of that. I have family and they don't necessarily watch normal TV now.

Ms. Jayal Chung: I think on YouTube I have seen the "It's Never Okay" ads come up before videos, for example, so I think there are other avenues in which students talk about or young people talk about the campaigns and news articles that link back to, "Hey, this really engaged me. I have these questions. I was really upset over this." I think there are still other ways, though they might not be watching television as the medium itself.

Ms. Laurie Scott: I've got to ask this question and I don't really know how to ask it: Where are the men at the university? If that statistic of four out of five—there are a lot of good men. Are there not groups forming to say, "Do we hear of other males doing sexual assault to women?" Is there no male component in university saying, "Oh, my gosh, this has got to stop. We have to do something about this?"

Ms. Jayal Chung: I want to say that there are many men who access the centre who have dropped by to express the ways in which they want to be allies and asking how. That's one of the challenges, I think, with engaging youth and the expectations of what does it mean to be a man or a boy, using the language of male allyship, developing resources, looking at Jackson Katz or maybe, locally, leaders or politicians who are males. It is very powerful when a man makes a statement, especially addressing it to other men.

With the president, Dr. Stevenson, taking a stance, paying attention to this letter, the women who wrote to the paper, and striking the task force, I think that was a very powerful message to the university community that this is important, this should not happen, this does not reflect the priority of a safe, accessible, and quality education at Lakehead.

So I think more ongoing work; males do care. It's very hard to incorporate. I think there are reasons why men feel sometimes hesitant, especially if they're aware of their own privilege and how they take up space at events. That's my response to your question.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you are from MPP Sattler.

Ms. Peggy Sattler: Thank you for the leadership that Lakehead University has shown on this issue. I fully expect that that is a result of the advocacy and the work that you have both been doing. So thank you on behalf of post-secondary students.

A question I had about the policy: We heard yesterday that Laurentian is looking at developing its own policy and talked about some of the challenges in a small university when there's only one section of a program and it may end up that both the survivor and the perpetrator are in that classroom. How do you impose sanctions when you have a small-school setting? I wondered if you could share some of what you're doing at Lakehead to address that.

Ms. Jayal Chung: I think it comes down to student success support and recognizing that it's difficult, especially when you don't formally report this, and there is confidentiality.

In terms of how to respond, I think it is important that a professor steps in to recognize and have that one-to-one relationship to find ways to accommodate the person who has experienced it and take their needs into consideration first. What does that look like? I think it is a challenge and it requires multiple departments working together with that student to find out how best to accommodate.

Ms. Taslim Alani: I was just going to add really quickly that I think the needs of the student who experienced the violence is the primary priority, so working with that student to find out what would create a safer environment for them and supporting them through that process. Because it might not be, "This student can't be in my space"; it might be, "I would like to write my tests in a separate room" or "I would like to be able to access my lectures online or get a recording of the lectures so I don't need to come into this space." People can be flexible. I think we just need to take the time to listen to what they need and support them the best we can through that.

Ms. Peggy Sattler: Okay. Can I ask one more question?

The Chair (Ms. Daiene Vernile): Very quickly.

Ms. Peggy Sattler: Okay. The other issue that has emerged, and Laurentian also talked about this and I've seen some media discussion about it, is post-secondary institution policies balancing both the needs of the survivor and also the rights of the accused. I wondered if you just had a couple of comments on how Lakehead has managed that balance.

Ms. Jayal Chung: I think that's something we continue to work on, and it's at the administrative level. But confidentiality, especially if it's an informal report, is the challenge that we are all trying to face in responding. With respect to that, I think the advocacy piece and the peer support part is a way in which we can support the individual through their experience.

Ms. Taslim Alani: And if we just think about the amount of challenge, the amount of courage it takes for someone to come forward in the first place and the barriers that are in place, I think it's just really important to value and acknowledge all of that when someone does come forward and to make sure that that's respected while still trying to respect the rights of the individual being accused.

The Chair (Ms. Daiene Vernile): Ms. Alani and Ms. Chung, I want to thank you both very much for coming

and speaking to us today. May we have your written submissions? Can you either hand them over or email them to us?

Ms. Jayal Chung: Can I email them to you?

The Chair (Ms. Daiene Vernile): You absolutely may. Thank you very much.

Now, to our committee members, our next presenter has asked to speak to us in camera. I would very respectfully ask everyone else in the room if you would not mind clearing out. We want to assure this next person complete privacy, and we invite you to come back at 3:30, if you wish to continue as a spectator here at our presentations. So we're going to take a few minutes to clear out the room as we bring in our next person, who has asked for privacy. Thank you.

The committee continued in closed session from 1505 to 1545.

RAINY RIVER DISTRICT WOMEN'S SHELTER OF HOPE

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. We are now going to resume with our public hearings. Our next presenters are Rainy River District Women's Shelter of Hope. I would ask our presenters to begin by stating their names. You will have 20 minutes to speak to our committee, and then that will be followed by some questions by our committee members. Please begin any time.

Ms. Donna Kroocmo: Thank you. I am going to begin the presentation, but this is a presentation that's being offered both from a personal and a professional point of view. We welcome questions on either front, but I'm here in front of you today in both capacities.

My name is Donna Kroocmo. I'm the executive director of the Rainy River District Women's Shelter of Hope. If you look into your swag, on the left side I've included brochures that give you more of an idea as to what we do. We do help victims of sexual assault and women who have been abused from throughout the Rainy River district. We operate the shelter's 2nd Stage apartment building, a 10-unit building. However, more importantly, I believe, I am also the mother of a child sexual abuse victim. She is sitting next to me here today.

We wanted you to have some emotional content to put into some of the stories that you've likely heard. Because you've asked how to prevent sexual assault and harassment, one of the things that Serena, my daughter, and I struggled with was, what on earth could we possibly give you other than, "Societal attitudes need to change"? And I know from having served on communities, you're looking at, "Good Lord, how does that look? How do we do that? How do we make that happen?" So we brainstormed and came up with some suggestions for you. My big point is on pornography. I'm definitely an anti-pornographer. My father, who had molested my daughter, had been found with boxes and boxes of pornography in his garage, lots of pornographic videos, that kind of thing. Whether or not there's a cause and

effect, no one knows, the jury's out, but I do believe that pornography played a role.

I'd like to begin with, based on the work of Jackson Katz and others, it is clear that we're asking the wrong questions when it comes to sexual abuse. We should not be asking, "Why was she at that party or walking alone?" or "Why does she stay in that relationship?" Rather, we should be asking, "Why do men sexually abuse women?" We engage in victim-blaming far too often. One needs to read Gail Dines's book, entitled *Pornland: How Porn Has Hijacked Our Sexuality*—I brought it with me in case anybody would like to have a look through it—or hear her speak to understand the link between sex and violence. With the average age of viewing porn now at 11 and a half years of age, her research has also shown that the addition to pornography is growing rapidly, and this addiction leads to men watching increasingly violent or fringe porn—meaning granny porn, child porn and bestiality. She has shown that some men currently in prison for child sexual abuse had never shown any propensity towards victimizing children until they became addicted to pornography.

Pop culture also insists on the sexualization of women and young girls. Think Britney Spears, *Cosmopolitan* magazine, and the fashion industry, where an entire store in Paris is dedicated to making provocative clothing, including fishnet stockings, for little girls size 4 to 6.

It is my recommendation, therefore, that in order to work towards the prevention of sexual assault and harassment, we must work towards changing societal attitudes that perpetuate patriarchy and degrade women. Further, it is my recommendation that all pornographic sites must be inaccessible without a credit card. When the United Nations declared that access to the Internet was a universal right, they should have put some parameters around it. This would eliminate children under the age of 16 accessing the proliferation of these websites, teaching them that sex and violence are linked.

In our story, one evening, at the tender age of nine, my little girl came to me with tears in her eyes. She explained that while reciting her good-night prayers, God spoke to her and told her it would be okay for her to tell me. She then blurted out, "Grandpa's been touching me in my privates." Once the initial shock and horror was over, I went into robot mode and did what I could to seek justice for her. We went to the CAS and notified the police and of course all family members. The police and the CAS conducted their joint videotaped interview. The police also interviewed my parents. My father had managed a community centre in Fort Frances for years, and my parents had fostered children for the CAS. My mother informed the police that I was crazy.

The police were torn. It took six months, a very long, painful six months, before charges were laid. It only happened when my father finally agreed to take a lie-detector test and confessed. He told the officer, "Yeah, I touched her a few times, but I never really hurt the girl."

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In the interim, the entire extended family had decided that their father must be innocent, because the police had

not charged him with anything and they had turned on my nuclear family with a vengeance.

In another case, a separate case, speaking from a professional point of view, I had provided advocacy for a client. The perpetrator had been interviewed by the police and had confessed that he had molested his stepdaughter on two different occasions. The police then turned and asked the stepdaughter whether or not she wanted him charged with an offence. She declined, saying, "I just want to forget about it," which, of course, she never has. The perpetrator never received probation or any time in court despite the fact that he had confessed to a crime in front of the police.

Penetration of the victim by the male's penis receives an awful lot of unnecessary attention from numerous factions of so-called helpers. In our case, the crown attorney remarked that Serena's case was a relatively mild case of sexual abuse. I was outraged. No one had loved my father more than me. The betrayal was unbearable. It had been going on for years by someone her mother had adored. The level of trust and the length of time that the abuse went on are much better indicators of the aftermath suffered by the victim of sexual abuse than his penetration. Abuse is abuse whether or not penetration occurs.

As well, during the Criminal Injuries Compensation Board hearing where I was providing advocacy, the question was always asked, "Was there penetration?" The panel also then asked, "Was there penetration by his penis?" Apparently, the answers to these two questions provide the board with information on which they base their compensation. This is ludicrous.

When we were discussing going to trial with the crown attorney, I knew from having read voraciously on the subject matter that screens or closed-circuit televisions could sometimes be used in court when the victim is a minor. Our crown attorney stated that they had never been used in Fort Frances and if they had been, they'd be in the basement and they would need to be dusted off and checked to see if they were in working order. It was apparently quite a remarkable request, and we never did receive an answer. We are thankful: Because of the confession, Serena never did have to testify in court.

It is my recommendation that the police immediately believe the child when the victim is under the age of 10.

It is my recommendation that when the victim is over the age of 10, conduct lie-detector examinations immediately, or whenever the case involves a "he said, she said" story with no corroborating evidence. It may not be used as evidence in court; however, the outcome could be a confession, particularly if the examining officer is quite skilled at his or her job in conducting these types of investigations.

It is my recommendation that regardless of the victim's wishes, charges must be laid, particularly when a confession is made. This is a crime and needs to be treated seriously as such.

It is my recommendation that screens and closed-circuit televisions must be made available to every victim who is a minor.

It is my recommendation that public education has got to be a focus, particularly for justice system personnel, so they will never again refer to any crime as “relatively mild.”

Premier Wynne’s action plan *It’s Never Okay* is a wonderful beginning. At our last board meeting, several board members commented on how powerful those public service ads have been.

It is my recommendation that public education also teaches that penetration is not the determining factor in deciding the extent of damage done to the victim. The length of abuse and the betrayal of trust deserve much more attention.

One of the most difficult moments during the whole turmoil was when I escorted my little girl to the doctor’s office for a medical examination. The investigating officer had recommended that I seek medical evidence because this was still a “he said, she said” case, and it was taking a long six months to lay a charge.

In her office, with my nine-year-old daughter’s feet up in stirrups, the doctor stated verbally to me that she could see a perforation in the hymen, similar to the end of a pencil. It was absolutely devastating to see your baby daughter being treated like a woman with the full realization that her innocence was gone forever. Nevertheless, I did request a letter confirming the doctor’s findings.

What we received was a very innocuous letter, with the doctor stating she was not an expert in these situations and could not confirm whether or not molestation had occurred and did not mention the perforated hymen. We were told that physicians do not want to have to take time off from their practice in order to attend court.

It is my recommendation that medical professionals practise within their scope and level of training. No general practitioner should see a victim of sexual assault but make a referral to a properly trained specialist.

It is my recommendation that these trained specialists realize that because this is a crime, testifying in a court case may very well be the outcome of their findings and they must be willing and prepared to attend court.

It is my recommendation that the Northern Health Travel Grant be extended to include out-of-town trips to see such specialists and for follow-up therapy as needed.

In our case, we were advised, following this ordeal, to take Serena to another doctor, one who specializes in sexual assault. I just could not justify putting her or me through that again. It should have been done properly the first time.

You will note, if you’ve been following, that there are numbers following the aforementioned recommendations. These have been prioritized in what is in my humble opinion the most important to least important.

Two final points not spoken to but equally relevant: It is my recommendation that Ontario’s sexual assault centres and other services that support survivors be adequately funded.

It is my recommendation that we challenge today’s rape culture and continue and/or expand the new curriculum on sexuality to ensure we draw the links between

systemic issues and women’s experiences in order to decrease the horrific statistics, showing two out of three Canadian women have experienced sexual assault. This has got to change, and together, we can change it. This committee has the power to begin the process for making these positive changes, and I applaud you for your efforts in your worthwhile endeavour.

Thank you for your time and for listening. Now I’d like to turn it over to my brave daughter, Serena.

Ms. Serena Martin: Yes. Hi, I’m Serena Martin. I would like to provide three recommendations to improve outcomes for victims of child sexual abuse. I think recommendations would probably change if you look at teenagers and adults.

I’m recommending that the perpetrator’s name be publicized and be worthy of media attention.

I recommend free psychotherapy and a creative strategy that facilitates disclosures.

Yes, I am presenting as a survivor and as a critical observer of society. I’ll just start off by saying that Lionel Robar sexually abused me between the ages of three and nine. If you’re shocked that I just mentioned my perpetrator’s name—and this is public—great, I want to address that. I want to turn that on its head. I think that kind of sentence structure in naming the perpetrator should become more common, rather than, “I was sexually abused as a child.” I think the former makes it more of a crime—you know, somebody’s held accountable and the blame and shame is accurately placed on the perpetrator. So like other crimes, yes, I’m recommending that perpetrators’ names be public information and covered by the media.

This would not prevent children from disclosing. Of course, there are several barriers that prevent them from disclosing, but this is not a concern. At least it was never—I don’t read newspapers. I don’t know that perpetrators’ names are publicized or not.

So, to continue: In cases of incest, I think that publicizing the perpetrator’s name and making that media worthy would encourage family members in incest cases to work through their denial. In my case, that was a second wound, a huge wound; it’s when I needed them the most. I lost my cousins, my aunts, my grandma because they did not believe me. They seemed to be in denial. I think that general society, in cases of incest, is more supportive of the victim than the extended family, but to me, that was my world. My family was my world. So if we could influence family members of victims, I think that would be the way to go.

Also, this past summer, I finally did seek therapy. I was interested to see if anything was written about—I felt it was a war that I went through. There was nothing. No shred of evidence, nothing, and this really increased my feelings of aloneness and intense despair. It felt like society did not care to know, and it gave me the message that the abuse was nothing, that I was nothing—nothing more than roadkill. So even just a little snippet stating that Lionel Robar was convicted of this crime—so that I really knew that he did wrong and people blamed him for it.

1600

I think the concern among many people, however, is that the victim's name might leak. I have to say that after the trial, I was scared about people knowing regardless of the fact that my user's name was not published. I think, also, being given the message that it was scary for people to know that I was abused made me believe I had done something awful and repulsive to society. I think the message should shift towards, "Really, you have nothing to hide."

That feeds into my next point, which is free psychotherapy for anyone who ever experienced child sexual abuse so that they could receive this healing message that I just stated and be cured of many false beliefs and toxic emotions. The cost of unhealed child sexual abuse is really huge. You know that victims of child sexual abuse, they go on to become victims again of physical abuse, of rape. This makes sense. They feel worthless. They have no boundaries. They're out of touch with themselves so they don't react to their instincts. I'm speaking from experience because that happened to me.

I'm convinced that if I had therapy for my sexual abuse, the following would have been more probable: I would have not been attracted to a controlling man. I would have ended the abusive relationship quickly. I would have reported the abuse to the police. I would have said no to a man who gave me the heebie-jeebies and wanted to come into my home. I would have not dissociated when signs of rape commenced, and I would have reported the rape to the police.

Obviously, deep wounds affect a person's ability to concentrate at work, take care of themselves so that they are healthy, parent effectively and so much more. We can't expect victims who feel worthless to feel comfortable to pocket psychotherapy themselves. I bought myself very minimal—as if I'm going to spend \$1,000 on myself on my healing journey, which is so uncomfortable. I think that if victims are willing to do the intense emotional work—and it is work—I think psychotherapy should be free.

Honestly, I wouldn't be here today if my benefit plan didn't cover it. The medical system is very bogged down. We can't really put them through psychiatrists who can cancel at the last minute. It takes months and months and months to get in. I think they would fall through the cracks and just be like, "Okay, I'm done."

I'm advocating for psychological services, not counselling, because in my experience psychologists were much more effective than counsellors. Psychologists are trained to deal with root causes and basic beliefs. That's what we need to heal.

My mother mentioned paying for travel to therapists. This could be combined with Skype in northern Ontario. Victims of child sexual abuse might not even be comfortable sitting in the same room as somebody, so I think that's a great option. That's what I did.

My third recommendation is creative strategies to facilitate disclosures. We know that children often wait several years, as I did, or don't disclose at all. When I did

disclose I did find it such a stressful experience that I even dissociated.

Currently children are taught that child sexual abuse is wrong and to tell a trusted adult such as a teacher, the police, or a parent. At least that's what I remember growing up. But I would argue that adults in general are not trustworthy with this matter. They are, by their very nature, judgmental, capable of telling children when they're being good and when they're being bad, and they can punish you. A huge part of me believed that I did bad. Furthermore, it was hard for me to believe that my soft-spoken kindergarten teacher could prevent me from being murdered. I hardly ever saw a police officer as a child, and if I had, they would have been too intimidating to talk to. I didn't want to sadden my mother. I just wanted to be a good little girl and be loved. I also doubted that they could do anything to really help me.

So I'm thinking we need to create something, I think a mascot. I'm thinking an animal, as they come across as more non-judgmental than a human. I think the mascot needs to be believable—have a backstory, likes, dislikes, quirks, much like any character in a book you would read; visible—partake in parades, and have magical, powerful abilities so that the child actually believes that they can protect and defend; caring—they might have a slogan such as, "We work for kids"; amicable—this would increase feelings of rapport and make the mascot likable. Also, this would decrease children's feelings of anxiety surrounding the topic of sexual abuse. I think decreasing anxiety would definitely facilitate reporting. I remember the videos just coming across as way too serious and I was very anxious when viewing them in school. Most importantly, I think the mascot needs to tell children that, despite their magical, powerful abilities, they don't have the ability to know who the abusers are and if children are being abused. I remember thinking that everybody knew and just didn't do anything. So that's an important point to state.

Obviously this type of idea needs to really be fleshed out and looked at. It's very rough. I don't know why, but I'm just thinking an owl, because maybe when they say, "Who, who," it might actually mean something. They could teach children about sexual abuse and then provide children with 15 minutes to write down the name of anybody who's committing that act on them.

The Chair (Ms. Daiene Vernile): Serena, I need to tell you that you have one minute left in your presentation.

Ms. Serena Martin: Sure. And then for the children who are not having that act done to them, then they can instead write down their favourite place to be and the owl might visit them there, something like that.

That really does conclude my presentation and I want to thank you. I am newly pregnant and I'm very excited. I'm excited to see that people are working hard to make our society a better place.

The Chair (Ms. Daiene Vernile): Thank you both very much. Our first questions for you are from our NDP caucus.

Ms. Peggy Sattler: Thank you so much. I am awed by your courage and your bravery in stepping forward and naming the issue and not accepting stigma or shame. You are a wonderful, brave, powerful woman, and that is a really incredible story you've shared with us, so thank you.

I had a question about the recommendations in your mother's presentation. Recommendation number 4—I can't believe that this doesn't happen. If there is a confession made after a report has been given, it's not automatic that charges are laid? In your professional experience, is that not the case?

Ms. Donna Kroocmo: At the Criminal Injuries Compensation Board hearing, the officer was on speaker-phone and he admitted that the stepfather had come to the police station and confessed to two counts. They then turned to the victim—she was 19 at the time—and said, "Do you want us to lay a charge?" And she said, "No, I just want to forget about it." And that's exactly what happened. No charges were laid.

Ms. Peggy Sattler: Do you know how common that is?

Ms. Donna Kroocmo: I can't really speak to that, because I think I was every bit as shocked as you are. That's why it's in this paper, because those kinds of anomalies do occur. I'm hoping it's an anomaly, but the fact that it occurred needs to be brought forward so that this can't occur.

This crime needs to be treated seriously, similarly to domestic violence. Now the police are well aware that when they go to a home it's not up to the wife or the partner; they lay the charge. I want the same sort of thing in place for sexual abuse victims. The police need to know that. The onus is on them to lay that charge.

Ms. Peggy Sattler: A follow-up question for Serena, on your recommendation about access to free psychotherapy. We've heard of cases where a child victim may be offered six sessions. Is that appropriate? In your experience, your healing journey, what length of time did you feel that you needed counselling in order to help you recover?

Ms. Serena Martin: Well, I intensely read about it, even when I wasn't in psychotherapy, and I allowed myself to really grieve. So it depends on the victim and their life circumstances, how their work situation is, what their home life is. I didn't have any children. I was off from work, so for me it was quicker. I did a lot of the work on my own, to be honest, but I needed somebody to guide me.

Ms. Peggy Sattler: Was it years?

Ms. Serena Martin: I'm not sure; I don't know how you would ever know if you were completely healed. I don't know if you ever really completely heal. But I do think that free psychotherapy would help people to be able to even talk about it. To talk about it creates a society that's more healing for other victims, because I find that when I talk about it, other victims say that it brings them courage and hope. And if I wasn't healed, I think I would just want to squash their stories down because it would bring up my own, and that's obviously very toxic.

So I think just psychotherapy in order to be able to talk about it, in order to have healthy relationships and a healthy relationship with yourself and to be able to parent effectively and not be living in fear—you can state the perpetrator's name and really understand that it wasn't your fault.

1610

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from MPP Lalonde.

Mrs. Marie-France Lalonde: Hi. How are you doing? Thank you very much for being here and sharing your story and probably bringing forward, as I explained to you earlier, the portion where we need to hear from the survivors the steps and the recommendations that you feel, as a survivor, of where we need to go. I thank you very much for being here and having the courage to present yourself in front of this committee.

I also want to say to Mom, thank you. Thank you for standing up for your daughter, because as you mentioned, sometimes in these situations the support is fragmented. It's not always there. To both of you, thank you for being here.

One thing that I had a question on is this: You lived through this abuse, Serena, from three until nine. What triggered that component that you felt comfortable enough to go see your mom and tell her?

Ms. Serena Martin: I don't really remember when I was thinking that. I think in grade 4 I did see a video, actually, that again taught me that sexual abuse is wrong and to tell somebody. At that point, I started thinking, "I don't know if people really know that this is going on," and I think it did prompt me to tell, even though it was very, very terrifying.

Mrs. Marie-France Lalonde: From your experience, would you say that this is something that this committee should look at creating—I know we're reviewing and revising our sexual curriculum. I think we believe strongly that this is the right thing to do. I hope you feel the same way. But what else can we do to help children feel comfortable in bringing—

Interjection.

Mrs. Marie-France Lalonde: Unless your mom—

Ms. Donna Kroocmo: Olly the Owl. Yes. She created it.

Ms. Serena Martin: Like I said, I think just parents in general are scary. You don't want to upset them, and, again they're judgmental. You don't want to cause waves, you want to just please them. Yes; my mascot idea solves—I don't know. You can look at it—what other people might think obviously—

Mrs. Marie-France Lalonde: I have another question. From the time all this happened, you just referred that you sought help recently.

Ms. Serena Martin: Yes.

Mrs. Marie-France Lalonde: Again, what made you go and seek that help?

Ms. Serena Martin: I hit a huge low, and I didn't know why. I felt dead, and so that's why I sought—I had no idea the effects it had on my life, honestly. I really did not know.

The Chair (Ms. Daiene Vernile): I want to thank you very much and—

Mrs. Marie-France Lalonde: Wait. I just want to say congratulations also that you're going to be a mom.

Ms. Serena Martin: Yes, I'm excited.

Mrs. Marie-France Lalonde: On behalf of this committee, congratulations.

Ms. Donna Kroocmo: Can I say too that Serena did experience the Good Touch Bad Touch Program in JK, so she did go through that, which surprised me when she did come out with it later on, that that hadn't prompted disclosure. The teacher said that she became very quiet during that process. Again, I believe now, looking back, she may have been dissociating as young as four years of age, because the teacher said it was like she wasn't there when they were doing it.

There were some concerns—but again, working in the field, and I just didn't see it. When she talks about this gentle mascot, just like Smokey the Bear putting out forest fires, I think that's a really great idea because it's just so not scary.

The Chair (Ms. Daiene Vernile): Our final questions for you today are from MPP Scott.

Ms. Laurie Scott: I think it's fine; you guys just carry on the conversation, because the questions are—so finish your thoughts on that one.

Ms. Donna Kroocmo: That was it, basically.

Ms. Laurie Scott: Serena, I didn't know if you were about to say something.

Ms. Serena Martin: Just that it's an important issue to look at, the disclosure piece. Yes, you need to facilitate that and just take away the stress. It's so stressful. I dissociated during it, and she's a social worker. Lots of moms don't even believe the child, and that deepens that wound so much more. If we could have somebody that's just likeable, like I said, all that, and outside the family—obviously you would have to really flesh that out. But that idea of having a mascot that would look at those names brought forward and you would have to bring in social workers and police, perhaps, if you got a hit.

The Chair (Ms. Daiene Vernile): Any further questions?

Ms. Laurie Scott: Go ahead. It's okay.

Mrs. Kathryn McGarry: At our local women's crisis centre, we have an animal therapist that comes in weekly to play with the children. This puppy has gotten more information out of the children than anybody else. Would you think that an animal therapist in a centre would be able to do that?

Ms. Serena Martin: Yes, I was thinking that too when I was on camera and talking about my abuse, how horrible that was, and if I just had a little puppy or something to hold while I was talking about the abuse, I think that would have lessened lots of the trauma.

Mrs. Kathryn McGarry: Thank you.

The Chair (Ms. Daiene Vernile): Serena and Donna, thank you both very much for coming and sharing your experiences with us. You are welcome to join the audience now if you wish to for our final presenter for today.

MS. JUDITH PIDGEON

The Chair (Ms. Daiene Vernile): I would call to the witness area Judith Pidgeon. Judith, I apologize. We're running a little bit behind schedule. We've had some technical issues. Please have a seat. Pour yourself a glass of water, if you like. You will have up to 20 minutes to address our committee. It will be followed by questions from our committee members.

Please begin by stating your name and begin any time.

Ms. Judith Pidgeon: My name is Judith Pidgeon. I'm pretty well going to read this because it's very emotional. I'm going to speak about things that happened several years ago, actually, in Alberta and in Ontario. It's about me and my daughter. I wish my daughter was here. The mother and daughter before me gave a lot of very important information, and it applies to my daughter too as well, whatever she said.

I actually wrote this letter to Kathleen Wynne and I erased all the names. I had to; they told me I couldn't say the names. The reason I wrote it is that I have been abused by a misogynist in five ways: physically, verbally, financially, sexually and emotionally or psychologically. I'm seeking assistance, advocacy, justice, financial remuneration, human rights and a job.

Right now I'm fighting to retain my human resources licence. I went to university for five years to become a human resources person, and they're about to take it away, saying that I'm mentally incapacitated. I just went to a psychologist and started tests for that today.

I would also like: the return of my Ontario RN licence and the return of my Alberta RN licence—I earned that in 2001 when I did a refresher course; for my daughter to be able to see her daughter whenever she wants and to joint parent with the baby's father; for the mental incapacitation charge to be removed from my RN registry, as it is currently there; a job determining health care policy and law reforms; and to be able to go to Calgary and see my son. I haven't seen him in 10 years and I'm not allowed to go there or I'll be arrested by the police and put into a psych facility for the rest of my life.

I begin by asking for help from Kathleen Wynne and telling her how glad I am that she's addressing sexual violence and harassment as rooted in misogyny. We need laws, open round table discussions and other practical means to protect women and children in Ontario and hopefully someday all of Canada. Bill 168 from June 2010, protecting women in the workplace from violence and harassment, did not go far enough. According to police, this bill is not retroactive and no help for myself and my daughter.

I am pleading with you to be involved in my case. My professional organization, human resources, is having a mental incapacitation hearing to determine if I am mentally incapacitated as stated by my nursing licensing. I was ordered to go see a psychiatrist in December 2008 in Toronto, and if I didn't go they would pull my RN licence. I had to go, and then they still pulled it.

In 39 years, I had no charges against me, nor was I ever addicted to drugs, alcohol or mentally ill, except that

I do have post-traumatic stress disorder. I was an exemplary RN who loved my job as a home care nurse. My clients loved me and often asked for me.

1620

I was abused all five ways by my husband starting in 2001, when I was denied my nursing licence after I'd finished my refresher course. I got 89% in my 24 exams in three months and my clinical. My husband said, "I don't know what you did to them, but they hate you and you'll never work as a nurse again. I don't love you. I don't want you. Pack your bags and get out or I'll go to our family doctor and have you declared mentally incapacitated and take all your GICs and your RRSPs and put you in Ponoka for the rest of your life. You're no use to me now. Let the government look after you." He said this to me after we had had a hearing with my preceptor, the college president and the president of the nursing refresher course in September 2001.

My husband did just this. He did get me into Ponoka in August 2005. In my opinion, he is a dangerous psychopath and a misogynist. My husband is still trying to do this, and it will be 10 years since I've seen him in August 2015.

I had been working at Home Health since October 2005. The head of Alberta human rights had told me to go to Ontario to work in September 2004 when he discharged my human rights case after I lost a workman's compensation case in a quasi-court in August 2004.

On November 22, 2007, I was unjustly fired from my Home Health job and only allowed to do six cases a week from up to 66 cases per week. My union was involved. Then, my husband phoned my boss, and I was completely fired on June 17, 2008. I had only made \$15,000 in 2008, because I was not allowed to work.

My husband told my boss he had just heard I was living in Thunder Bay, and he didn't want anyone to get hurt. He said I had been in a psych ward in Alberta for abusing my daughter. Staff had made up 33 complaints and sent them to the board, the College of Nurses. I didn't see these complaints until the day I was fired, and there were 24 complaints on June 17, 2008. Then, my licence was suspended for two years and I was to take antipsychotics and every month see a psychiatrist for a blood sample to make sure I was taking drugs. Then I was to be considered for re-licensing in two years. I refused these meds and rejected the diagnosis.

This was a harsh and unusual punishment for someone who had not committed any of the supposed 33 incidents and never was allowed to participate in my hearing. It was in Toronto, June 21 and 22, 2009, and I had planned to do it by telephone, and they said, "You can't do that." At the time, I was a full-time Lakehead University student and graduated in 2012 with my honours BA in political science, pre-law degree and my post-diploma in human resources management from the college.

I wanted to be a lawyer to fight such injustice, and was refused admission to Fredericton, UBC and UVic, as my law school admission test was too low. I decided I want-

ed to work deciding health care policy for the LHIN that year, August 2011.

Thunder Bay was hiring a CEO for the LHIN, and I was advised to take the human resources post-diploma at the college. I did and wrote the professional exam, the NKE, in October 2012, and passed. I applied for over 80 positions in Thunder Bay and got not one interview. All my classmates got wonderful jobs, and I never got a job.

The March of Dimes helped me with my computer, and I was going to get a six-week placement in an office to help with my computer skills. In May 2013, the human resources registrar changed, and she started to investigate me regarding the nurses' licensing registry that I had been suspended due to mental incapacitation.

I had sent 50 pages of psychiatrist diagnosis—from two psychiatrists and my family doctor—saying I was normal except for the post-traumatic stress disorder. The HR registrar would not accept this and demanded to know why I had lost my RN licence. I told her I didn't know, except that the psychiatrist based his faulty diagnosis on what the nurses and staff had said regarding the 33 complaints of what my husband had sent or said.

I had needed extra time for my exams at Lakehead University, Confederation College and my NKE exam due to the post-traumatic stress disorder diagnosed in 2004. After my husband had involuntarily confined me in December 2005, the psychiatrist at that time said I was bipolar and wouldn't speak to me in the 20 days I was detained. She sent her student in. I got a referral from my family doctor in Victoria, BC and saw my psychiatrist for four visits, who diagnosed me with post-traumatic stress disorder in January 2004.

The human resources registrar threw this information—I'd sent all this to her so I could get extra time on my exam—in my face and started investigating me. This is illegal, by the way. Human rights protects anybody with a mental illness. If you self-disclose you're not supposed to be interrogated. This has been going on for two years. I had sent her about my psych disability, self-disclosed; she just threw it in my face.

This is a direct violation under Ontario human rights. I'm protected under law in the workplace. I was on a CPP disability and this information is confidential and for nobody else's business but my licensing body. As I stated, my human resources body has been investigating, harassing me and sending Purolator packages for two years now. It will be two years in May 2015. Like the RN licensing body, it was going ahead with a hearing on mental incapacitation without my knowledge, just like the RN licensing body. They refused my input in mid-January 2015 when I was on vacation out of the country and they couldn't contact me.

I'm a full-time caregiver and rarely home as I am at mom's house. I've had to pick up Purolator packages, and it's time and money for gas. I've insisted on phone calls and regular mail. My mom fell and fractured her pelvis in three places last February. She's 94 years old, and I, along with my two sisters, care for her in her home. She has Meals on Wheels and two showers a

week, and a PSW administers her meds and makes lunch if she needs it. We can't be there 24/7, but pretty close to it, as she has Alzheimer's.

I'm an unpaid private-duty nurse RN to my mom. I'm essential to her care as my other two sisters have husbands and homes to care for. One has seven grandchildren in Thunder Bay and spends a great deal of time babysitting them.

The HR licensing body is trying to have me declared mentally incapacitated and pull my licence. They asked me to resign my licence, which took five years of university and college and \$35,000 to get. I chose a new career at age 58 and still owe \$6,400 for tuition and books and borrowed \$6,000 to take a vacation from caregiving with my daughter in January 2015. I sent them my MBNA statement owing \$12,553 in January.

I'm a senior myself. I'm 65 years old and on Old Age Security and CPP. I receive \$1,113 a month and no supplement. Vicky at Bruce Hyer's office worked with me, phoned the government and filled out papers so I could get the maximum. I have to claim \$2,000 in income for the Lifelong Learning Plan for the next nine years because I cashed in \$28,000 of my RRSPs to get my education in a new career. This has to be counted as income and my RRSP investment income as well. I have no job and can't even get a job as a greeter at Walmart as I am overeducated in the nursing field and the HR field.

My appointment for assessment with a psychologist was today, and I'm going to have many more. I've asked the HR to pay the \$130-an-hour bill and then two weeks later I'm going to see him again for testing. I insist on an advocate and a friend for support. I did have one, but she didn't come today. She phoned and left a message that she couldn't come. Please see that I'm allowed this. The RN licensing board refused me my brother for my two-hour-and-45-minute interview with their psychiatrist. He only allowed my brother to come for the last half-hour and refused a tape machine. He recorded things I never said and misdiagnosed me. According to my sociology professor, this is abuse of the abused.

Pace tells me I am screwed. I want justice served and it can never be served in a quasi-court because you are guilty until proven innocent.

I was denied a hearing at the RN board. I was going to participate in my hearing by phone but they wouldn't let me. If I would have been present in Toronto I would have been involuntarily confined and injected with drugs against my wishes.

I don't know if Skype was available in June 2009. The September 2014 meeting with my HR licensing board was on Skype, and as soon as my nursing classmate left to do her foot care patients, the HR licensing board shut down the hearing, saying I was mentally incapacitated.

1630

My social worker, who was present for day one of my labour board hearing in March 2011, did not make it till 1 p.m. and the meeting was already shut down at 12:30. It was supposed to go from 10 to 5.

I need a judicial review in a court of law of the nurses' licensing board but neither Kinna-aweya nor legal aid

will help me and I have no money and am in debt due to my school and now my vacation.

Michael Gravelle and Bruce Hyer will not help me. Michael did help me get a labour board hearing and there was an investigation into human rights legal support. They said I never had a case and wouldn't help me file a human rights complaint against the company that fired me.

The union and the RN licensing board—it took three attempts to file my case as I'm not a lawyer. I signed off for damages with the company that fired me, with the union lawyer. It's all on CanLII. I was represented by an SEIU lawyer. However, the lawyer said the Charter of Rights and Freedoms of 1982 does not apply to me. We have a broken law system.

Because I am an abused woman who has been given a mental incapacitation label, I have no rights. Women, prior to 1928, were not persons under the law. They belonged to their fathers, or their husbands, if married.

My daughter—I'm going to go into my daughter now. She's 26 years old, in the same position as I am. Her father took her out of the psych ward in Calgary to Nanaimo, Burnaby and now Kelowna when she was 16. He left me at the psych ward in Calgary in August 2005.

George kept putting Amanda into psych ward after psych ward in Kelowna because she was lonely, depressed, displaced and had lost her friends, her family and her mother, who she was very close to. She kept acting out and cutting herself. George couldn't understand why. Because of this extensive psych history, they took her baby girl and she wasn't allowed to take her home from hospital in November 2012. She was living in a hotel room at the time with her dad and her boyfriend as they were unable to get housing.

On November 6, 2012, her baby was born. My daughter's boyfriend was responsible for signing the baby away to foster care and he wasn't the father. He is HIV positive; Amanda is not. Two doctors verified that she could breastfeed her baby, and this was important because she was allergic to milk and so was her baby. I wrote a long letter to the children's aid society and they never responded. My daughter pumped her breasts for a month, froze her breast milk, and the foster mother refused to give the baby the milk.

On December 6, 2012, Amanda's boyfriend left for Vancouver to work and on December 10, 2012, my husband went to Florida for three months with his girlfriend. At Christmas, Amanda, all alone, went to the Christmas dinner put on by charity. She went to the washroom and her jacket and her iPad were stolen. She was 24 years old, just delivered a new baby, all alone in a hotel room. I couldn't visit if I'd had the money because one phone call and I would have been picked up by the police and formed, or involuntarily confined in a mental hospital for the rest of my life. I can never go to Calgary to see my daughter and her husband and my two grandchildren, five and two, or see my son for this very reason.

By February 2013 my daughter picked up with an undesirable fellow in the motel she was in. He was a drug

abuser with a history of violence, a formerly incarcerated violent offender. I asked for help from my social worker. She told me she can't get involved; the social workers in BC know what they're doing. She said my daughter chose her boyfriend over the baby. It was a knife in my heart. All this time my daughter was seeing her baby four hours Monday, Wednesday and Friday. She got a nice apartment and they gave her a beautiful rug. When I took her away last Christmas—I took her away on vacation with me in January; she came home for Christmas and then we went. When she went back, they had changed the locks in her apartment. She had her own apartment and they changed the locks and she lost all her possessions.

The Chair (Ms. Daiene Vernile): Ms. Pidgeon, you have one minute left in your presentation.

Ms. Judith Pidgeon: Oh, I'm so sorry. I wish I could read more.

But what happened to my daughter is that she ended up in a homeless shelter and then moved in with this boyfriend. I can't tell you any more. I guess that's all. There's a lot more that is good. Thank you for listening.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first questions for you are from MPP McGarry.

Mrs. Kathryn McGarry: Judith, I want to thank you so much on behalf of all of us for having the courage and taking the time to come and speak to us today. I know you didn't finish your written presentation, but you may certainly leave that with us and our Clerk will make sure that that is part of our package in our entire committee to be able to finish off, if that would be okay with you.

I want to say that I'm sorry for your experiences. It sounds like a lot has happened to you, and I think indeed that's why all of us recognize the courage it takes to come forward to try to not only alert us to your situation but really look at ways that we can help prevent some of these things from happening to others.

So, one of the questions I really wanted to ask you was, how could your experience have been different? What could have happened in your journey, with services, to prevent these things from getting out of hand? What can you identify as being important in our society to prevent this from happening to others?

Ms. Judith Pidgeon: I think that every woman who is put into a psych ward should be spoken to. I did not get a psychiatrist to talk to me; she refused to talk to me. She talked to George, but she did not talk to me.

Mrs. Kathryn McGarry: Was George your—

Ms. Judith Pidgeon: Husband, yes. We were both in a room with her and he was starting to speak on something and I said, "No, that's not right. He's lying." I interrupted two or three times so she said, "Get out of the room. I'll talk to you later." And then, later, she was at the charts and I said, "Can you speak with me now?" and she said, "No, I have a meeting to attend." She never spoke to me, and I was labelled. I got labelled bipolar, and I was never bipolar.

Mrs. Kathryn McGarry: And what would have made your experience different from that point of view? Would it be an advocate who would have been with you who may have helped you to access services?

Ms. Judith Pidgeon: Well, it's a known fact that women who are put into psych wards—married women—do not get out. Later on, if you want to read a little further in my letter, a nurse told me the second time my husband had me put in—he just goes to a judge and he lies, and the police come out and they pick you up on the street and take you in. And I ended up in Ponoka for the rest of my life. My brother got me out and my sister got me out, but otherwise I'd be there for the rest of my life. And I'm not mentally insane, but I would have been in there—

The Chair (Ms. Daiene Vernile): Thank you. Sorry, just conclude.

Ms. Judith Pidgeon: Okay.

The Chair (Ms. Daiene Vernile): We want to thank you very much for coming and speaking to us today and sharing your story. Are you able to leave your written information with us? Or you could email it to us—

Ms. Judith Pidgeon: I would like to photocopy it. I'm not very good at email, I'm sorry. There's quite a bit yet, because it's 21 pages and we're only at 12.

The Chair (Ms. Daiene Vernile): Okay. Since we're in a hotel and I'm not certain what the procedures are here, if you're able to email it we'd appreciate it, but there's no imperative. We don't want to put any pressure on you. But I do want to thank you very much for coming and chatting with us today. I just want to adjourn our meeting and we can chat some more.

Ms. Judith Pidgeon: Can I fax it to you?

The Chair (Ms. Daiene Vernile): Yes, you may.

This meeting stands adjourned and we will meet again tomorrow, folks, in Sioux Lookout. Thank you.

The committee adjourned at 1639.

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

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Vendredi 10 avril 2015

Select Committee on Sexual Violence and Harassment

Strategy on sexual violence
and harassment

Comité spécial de la violence et du harcèlement à caractère sexuel

Stratégie de lutte contre
la violence et le harcèlement
à caractère sexuel



Chair: Daiene Vernile
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

COMITÉ SPÉCIAL DE LA VIOLENCE ET DU HARCELEMENT À CARACTÈRE SEXUEL

Friday 10 April 2015

Vendredi 10 avril 2015

The committee met at 1026 in the Nishnawbe-Gamik Friendship Centre, Sioux Lookout.

STRATEGY ON SEXUAL VIOLENCE AND HARASSMENT

The Chair (Ms. Daiene Vernile): Good morning, everyone. The Select Committee on Sexual Violence and Harassment will now come to order. We are very grateful to be here at the Nishnawbe-Gamik Friendship Centre, and we'd like to thank Marsha Favot for coordinating this for us. Welcome to all of the presenters and to the guests who are here with us.

Let me share with you the mandate of this committee. We are here to listen to your stories, to your experiences; to survivors, front-line workers, advocates and experts on the issue of sexual violence and harassment. You are going to inform us on how to shift social norms and the barriers that are preventing people from coming forward to report abuses. Your advice is going to help us as we make recommendations to the Ontario government on dealing with systemic sexual violence and harassment. However, I should stress that we do not have the power or the authority to investigate individual cases; that is better left to the legal authorities.

Again, we welcome you for adding your voice to this very important issue.

PACE LAW FIRM

The Chair (Ms. Daiene Vernile): To our first group of presenters, you now have 20 minutes in which to speak, and that will be followed by questions by our committee members.

Interjection.

The Chair (Ms. Daiene Vernile): You are joining with another group so that will increase to 40 minutes, and that will be followed by questions by our committee members. Please begin, each of you, by stating your names, and begin any time. Thank you.

Ms. Elaine Bright: My name is Elaine Bright. I'm a lawyer with Pace Law Firm. With me, to my right, are Patrick Copenace and Angela Flett; to my left are Monika Huminuk and Geneva Sainnawap. Mary Scott, who is on the agenda, was not able to attend.

We had planned to speak in three separate parts: myself as a presenter, then Patrick and Angela presenting, and then Monika presenting, with Geneva here to assist in answering questions regarding local services, if that is satisfactory to you, Madam Chair.

The Chair (Ms. Daiene Vernile): Yes, that's great. Thank you.

Ms. Elaine Bright: And I invite you to call me Elaine when you have any questions.

Madam Chair, committee members, thank you very much for travelling to Sioux Lookout to hear from Ontarians, in part, on how to improve our response to sexual violence. I realize your mandate is broader than that, but that's one thing that I'm here to talk about today.

I work with Pace Law Firm, and Pace Law Firm is based in Toronto. We have about 150 staff working out of eight offices across Ontario. I'm the lawyer at the newest office in Kenora, which opened in—I've been in the Kenora area since 2012 and we opened a permanent office there in 2013.

Our law firm is primarily a personal injury firm and the practice in Kenora is exclusively personal injury. But within that field—and I know some of you are familiar with the field of personal injury law—there's a subset of people who practise particularly in relation to victims of sexual assault, but also what we call historic personal injury, so historic sexual assault; that is, people coming forward to commence a civil action for an assault that occurred usually when they were children.

Let me just set the context a little bit for you here. I came up in 2012 just before the deadline for applying for compensation through the residential school program. At the invitation of a friend from a reserve in the area—they were looking for a female lawyer because most of the lawyers were men and some of the victims wanted to talk to a female lawyer to tell their story. Then, of course, there were a lot of other victims who came forward at that time, so there was a lot more work. Our practice grew and we decided to open an office here.

The residential school proceedings are—my own caseload is pretty well finished, but following that, in my view, there's an interesting and valuable increase in trust in Canada's civil justice system on behalf of a lot of the First Nations people that I've met, who have maybe in the past seen the law as something antagonistic and

something other and not necessarily something that was helping them.

There's a lot of people who have seen that the legal system, in the sense of the system that implemented the residential school settlement agreement, in a lot of ways worked for people. Most people told their stories, they were believed, and they got compensation. That's one reason I think that the timing of this committee in terms of the work you're doing in the north is very valuable and appropriate, because we can really seize the moment here and seize this opportunity. When people ask, "Is that the end of things?" I say no. Often people can make a claim for abuse they experienced in foster care or in what they call day schools or in other settings. As plaintiffs' counsel, we usually only take cases where there's an institutional defendant because, for practical reasons, that's the way we usually proceed.

I tell people about the Criminal Injuries Compensation Board. If the perpetrator is alive, we invite people to talk to the police, if they wish to do so, and a lot of people are saying, yes, they have some faith that the system is working for them, and they're willing to make that step; others aren't, but I think this is a very good time to be working on this issue.

When someone comes to me and wants to talk about abuse they experienced, the first thing I usually do is find out if they have access to counselling, resources or support that they need. If not, I always recommend and turn to victim services in my community and that's Monika Huminuk, who's the executive director and who will be speaking after us. They're funded by the Ontario government and they provide really valuable services in terms of knowing what's available in the community. I really rely on them to know; they seem to have knowledge of what's available both in terms of individual counselling, group programs that might be available and other types of resources. That's something that is working well, in my view. If there are enhancements, I think that we can build on what's working well and build on existing services, leverage existing resources, and in my view, that's a system that's working well.

But there are gaps. There are actually three things I want to talk to you about today: gaps in terms of needs for services for male victims of sexual assault; gaps in services for victims who reside in more remote communities, First Nation communities; and the third thing I want to mention is the importance of following through on the Premier's commitment to work on eliminating the remaining limitation periods for civil actions for victims of sexual assault. So those are the three things, but I also hope that I can learn from you what issues you've heard about, what gaps there are in the information you're receiving and how we can help you, and encourage more people from the north to provide submissions to you, either in writing or by video conference.

In terms of services for male victims, right now the—Patrick Copenace is going to speak to that from his individual perspective. From my own perspective, I'd like to say that victimization of men in the communities

where I'm working now is just as high as victimization for women, certainly from the perspective of historic sexual assault. My caseload, for example, has just as many men as women. When people come forward to me about other historic sexual assaults, I'm hearing from just as many men as women. I don't have all the research at my fingertips, but I think there's a lot of research that male sexual assault may be underreported, even more so than female sexual assault, and we all know that that is underreported.

When male victims come forward—the sexual assault centre in Kenora right now serves women, but there's no sexual assault centre that serves men. The sexual assault centre provides really good resources; they have strong, experienced staff that are available and supportive and go the extra mile for the clients. But there is a difficulty in terms of accessing those same kinds of services for men. That's one difficulty.

The second difficulty that I see is that there's only one registered psychologist in private practice in the area. First Nations people who have status may be eligible for some services, but if they've used those services in the past, then their number of hours may be up. The federal government has recently reduced the number of hours. In addition, if they're not a First Nations person with status, they don't have access to any of that coverage. As we all know, psychologists aren't covered by OHIP, for the most part.

Many people who are victims of sexual assault have severe psychological symptoms that result from that sexual assault and, in my view, need professional assessment and professional support, in addition to the type of support that's offered through community agencies by experienced support workers. In my view, they also need psychological or psychiatric support or support from people who are very experienced in dealing with things like post-traumatic stress disorder, which is very common in the north. In fact, the lawyers' association is having a continuing education conference shortly, and one of their main features of the conference is talking about PTSD within the communities up here. There's a real need for those kinds of services.

Secondly, people who live in remote communities have trouble even accessing the existing communities, but there are strong nursing stations on the communities, and there's a strong interest in volunteering. In my view, local resources could be leveraged by training volunteers, working through the nursing stations to provide additional services to people who can't afford to travel from the First Nations community to a community like Kenora where services might be available.

1040

Just to finish up my 15 minutes, I want to speak briefly to the issue of the limitation period—again, the three things that I think are important, from my perspective: also, services for male victims and additional services for people in remote communities.

Section 4, as you may know, of the Ontario Limitations Act, sets out a basic limitation period of two years

for civil claims. There's another section, section 10, that makes some exceptions for sexual assaults. They're saying that it doesn't run when the person is incapable of commencing the proceeding for a variety of reasons.

The problem with that is, we get into issues of, "Well, can a person be capable at one point and then not capable?" Sometimes victims come forward and they're ready to start saying something but then they change their minds because they get too scared and they back away. Then, maybe a little while later, they come forward again; they've had a little bit more support. So then the insurance company or the defendant is in the position of arguing, "Well, they were ready back then, so their limitation period has run out." Is that true or not true? Can you find an expert to say, "They may have been ready 10 years ago, but eight years ago they weren't?" How does the expert assess that? It's complicated, and it's hard to explain to the victim why they might not be able to proceed.

Again, section 16(h) also speaks to limitation periods for sexual assault, stipulating that there is no limitation period if the proceeding arose from something where one of the parties had charge of the person assaulted or was in a position of trust. Again, this gets complicated when you might have a situation where you want to make a claim against children's aid because they never went to visit a child who was in care and being assaulted. They're not exactly a party to the assault, but there's an argument to be made that they may have been negligent in supervising. So that section may not apply and then it gets complicated. There are complicated transitional provisions that are very hard for victims to understand—and hard for lawyers to understand sometimes, too.

I really urge the committee to follow through on Kathleen Wynne's commitment to eliminate the remaining limitation periods for civil sexual assault so that it's clear and understandable and fair to all the victims.

Subject to your questions, those are my submissions.

The Chair (Ms. Daiane Vernile): We begin our questioning with our Conservative MPP, Laurie Scott.

Ms. Laurie Scott: Thank you very much for your presentation. It was very concise. There is video conferencing or teleconferencing available, so when you mentioned utilizing the nurses' station paired with volunteers, are there enough psychologists even that they could—I mean, I think there is a shortage in Ontario; I'm not 100% sure. But are there enough that could provide services that you know of? I don't know if you can answer that question.

Ms. Elaine Bright: There's a shortage in Ontario. Some First Nations clients have told me that they have been able to access services by a psychiatrist, for example, through video conferencing. In fact, I've spoken to one psychiatrist; I can't remember his name now, but he does provide such services out of Toronto. His background is working with First Nations in northern Ontario. So there's a shortage, yes, but if you could leverage the resources in Toronto, where there's a little less of a shortage, then I think that's certainly an option.

Ms. Laurie Scott: And you said that they weren't covered by OHIP, the psychologists.

Ms. Elaine Bright: Correct.

Ms. Laurie Scott: So that's another problem.

Ms. Elaine Bright: Yes.

Ms. Laurie Scott: Is there a recommendation that if we couldn't move the ball all the way to the end of the field, then part way, say, in situations of sexual assault? Have you seen any of that before?

Ms. Elaine Bright: I think that one thing that sometimes is done is a certain number of hours is authorized for an assessment. In the world of private personal injury, for example, there might be an authorization for an assessment. That assessment can recommend: Does the client need access to a psychologist? Or might they do all right with peer support, with social workers who are trained in sexual assault? Or do they need the more intensive resources of a psychologist? Or, alternatively, they may need, instead, a psychiatrist, who would be covered by OHIP. If there was some way to authorize those types of assessments with recommendations for victims of sexual assault, those could be managed through sexual assault centres, health centres and those kinds of things.

Ms. Laurie Scott: Thank you very much.

The Chair (Ms. Daiane Vernile): Thank you. Our next questions for you are from NDP MPP Natyshak.

Mr. Taras Natyshak: Thank you, Elaine, for your presentation. One question regarding male victims and access to services: What would be the barriers to integrate male services into the existing victim services in Kenora or Lac Seul? In my area, in Windsor and Essex county, the sexual assault crisis centre has that integration. It's fairly new, but they are able to provide services to men. I'm wondering if that's been looked at or investigated.

Ms. Elaine Bright: I'm probably not the best person to answer that question, but—

Mr. Taras Natyshak: I figured that I should wait.

Ms. Elaine Bright: Yes. That's okay.

Mr. Taras Natyshak: I'll leave it at that and that will be my question for you.

Ms. Peggy Sattler: I had a question about the training for nurses and volunteers in these remote communities. Are these federally funded, the nursing positions?

Ms. Elaine Bright: Yes, the nursing positions are federally funded.

Ms. Peggy Sattler: Okay. I would imagine that those health professionals are dealing with a myriad of issues, from diabetes to mental health, all kinds of things. Do you see this kind of training—is it reasonable to expect these health professionals to take on that additional responsibility of providing this kind of support and service to a childhood sexual abuse victim?

Ms. Elaine Bright: I might let Patrick and Angela speak to that a little bit more because they both live in a First Nation and access those types of services, but I will say that it's my understanding that it's not just nurses there. The nursing station can be a centre for services where mental health professionals come in also and

nurses might be trained to triage those needs—that sort of thing.

Ms. Peggy Sattler: Okay.

The Chair (Ms. Daiene Vernile): Thank you. Our final questions for you are from MPP McMahon.

Ms. Eleanor McMahon: Hi. Thank you so much for your presentation and I look forward to the other ones as well.

I had a question for you, Elaine. Just to back up for a moment: I'm thinking that at least part of your caseload is—this is a class-action experience that you just had, I would think; perhaps not. Understanding that the burden of proof is different between the criminal and the civil process, can you talk to us a little bit about an emergent theme that we've been hearing in the last couple of days in particular about the barriers to people coming forward? We're hearing—and it shocks me a little bit, as I'm sure it does my colleagues—that victims throughout the legal process are being asked what they wore, about their comportment, about how much they had to drink, which feels like victim blaming, which really can be another barrier to people coming forward and talking. If the process feels like a juggernaut to them and a mountain, and it feels as though they're going to be blamed, arguably that's a big barrier, isn't it?

Can you talk to us a little bit, maybe, or give some suggestions around what might mitigate that? Is it training for our judiciary? Is it an increased training for lawyers? Is it sensitivity training? What does that look like?

1050

Ms. Elaine Bright: I believe it's training for the judiciary and lawyers. We've done a lot of work with training and police, but I think there's a lot of work to be done training the judiciary and lawyers—crown attorneys, particularly. Because in law, the question is, is the evidence relevant and also is it admissible? Whether it's relevant or not, that's a cultural question, to some extent. Can you make a reasonable inference that by wearing a short skirt a woman was inviting a man to do whatever? There's a cultural context to that. By allowing that question, a judge is accepting a cultural context that maybe we don't want to accept or should not be accepting or isn't true.

So I really believe that we should have more training of judges and of crown attorneys, so that the crown attorneys can successfully advocate on behalf of their witnesses, who are the victims, and that the judges are supported with of the social science research that they need to make rulings that support victims that come forward.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Bright.

MR. PATRICK COPENACE

MS. ANGELA FLETT

The Chair (Ms. Daiene Vernile): Could the next presenters introduce themselves?

Mr. Patrick Copenace: My name is Patrick Copenace. My totem would be the Elk—I mean my clan. That's how we introduce ourselves, I guess. Whoever is an elk man is my blood relative, so that's how I know who my relatives are.

I'm the band member from Ojibways of Onigaming. I was sexually assaulted at the innocent age of six. I had blocked this out; I locked the door on it. I didn't know what was happening at that age. Anyway, 50 years later, another person thought he had seen this abuser. At that time, I could see the picture of what happened. From there, I could see it as clear as day, what had happened when that person—I wasn't the only one. This didn't only happen to me; there's other people in the community. Their ages would probably be about 50 to 70, so those are the adults, the elders of my community. At that time, it brought out awful feelings that I couldn't deal with.

In the past, I've had training and counselling. I took a two-year course in native community counselling, which deals with helping people, marriage counselling, whatever you can help them with. But in my work experience, I've always worked until today, I was a probation officer, so I helped people. That kind of helped me.

When this happened, I couldn't use the counselling that I had received—I couldn't help myself. What I did was, I knew that there was something wrong, so I saw a counsellor to deal with the issues I had. I did finish the counselling with a counsellor, but at that time, the only services I could get were 15 hours for a lifetime. I don't know; it's Indian Affairs or Health Canada that issues that. So I did that and with my counselling and all that, I achieved it faster—that counselling only did—for me to accept what had happened, to see the picture. I've accepted that, but I have other issues as a result of that. One would be the sexual part. I still have that problem. I also don't know what other issues I have that I have to deal with.

Hopefully, I'll find counselling. But I need to deal with those issues, because in my community, there is a lack of who I can see or the community doesn't have that service. Right now, if I went to my community and discussed this issue, there's nobody there who can professionally deal with me as to the issue, because either they don't know how or—so I had to go outside of town; 70 miles in either direction is where the next town is. But I have to come up with the gas money, the lunch, whatever it's going to take, because there's no funding available. I reached for help from the residential school, but we don't fall in that area because we're not people who were in a residential school. We're told, "No, we can't help you. Maybe later, if the day school comes in, maybe there." So that is one of the problems: There's nobody there.

We need professional assessments. I've never been professionally assessed by—I don't know who it is, what my problem is about. What I'm thinking is, I have one more problem that I have to deal with, but I can't move on because of the 15 hours I was there. Right now, I'm at a standstill as to what to do. I think for me and the other

people who are having the same problem, we need people who are experts to deal with the crisis, I'd call it.

For me, I'm ahead of the other people because of the counselling and training I had, but I know some of the other ones are just—I talk to them. You can just see the face shivering and the body language. They won't sit still until they stop talking about it. That's one of the areas I was hoping to bring up, the need for specialized experts to assist with what the problem is, specialized counsellors to deal with the people one-on-one at the reserve level, because there are none there right now.

The bottom line is to have the issues dealt with. I've done my 15 hours and I have no place to turn to. Who do I turn to? I really don't know who. So I've got to keep it in till I find a place or a person to deal with my problems. I think mine are not as severe as others. I get emotional talking about it because of the flashbacks.

So that's why I'm here today. Hopefully this will help me and the other people.

The Chair (Ms. Daiene Vernile): Thank you very much.

Mr. Patrick Copenace: Thank you.

The Chair (Ms. Daiene Vernile): We have some questions for you now. If you would like to take some questions from MPP Natyshak.

1100

Mr. Taras Natyshak: Thank you, Chair. Thank you, Patrick, for teaching us all today about the Elk. I didn't know that. When I think about the elk, I think about a majestic, beautiful, peaceful, intelligent and strong animal, and you certainly embody that in your presentation, so thanks for representing your family history and your lineage in that way.

My hope out of this committee is that a light will be shone on sexual assault and violence towards everyone. It will require men particularly to stand up and to have their voices heard so that the stigma around sexual abuse is eliminated. I think it's a first step in raising awareness about the need to support victims, and you're doing that right now. You have done that, and I'm incredibly proud to sit here as a member of the committee and hear your story. That's my comment. Thank you so much.

Mr. Patrick Copenace: I had to do that, because the other people—I always think of myself as strong. Whatever comes, I'll have to face it, and I think I'm strong enough now to face it. I'm not just speaking for myself, but for the people behind me.

Mr. Taras Natyshak: I see that. Thank you.

The Chair (Ms. Daiene Vernile): Thank you. The next set of questions for you is from MPP McMahon.

Ms. Eleanor McMahon: Thank you, Patrick. I think I speak for everyone by saluting your courage for being here. We're honoured that you feel safe enough to talk about what happened to you, and we're so sorry for what happened to you.

Mr. Patrick Copenace: Thank you.

Ms. Eleanor McMahon: One of the things that we're going to do as an outcome of our work—that is why your presence here today is so important, because you're

helping us to learn what happens to people like you and how we can help you through the process and your healing journey. One of the things that we'll be looking at is how to provide those services.

In remote communities—this is a little bit of a remote community—where the services, as you've mentioned, weren't really there for you, one of the things that we'll maybe consider—I don't know that this will be the case, but getting someone to come to you is so valuable and important. What would it feel like, do you think, if we had someone who was maybe at the other end of a computer so that you could talk to a person? Would that still feel like help to you? Would that be okay? I'm just curious.

Mr. Patrick Copenace: Talking to me in regard to—

Ms. Eleanor McMahon: Helping you with your counselling, continuing past those 15 hours. Say you had more than 15 hours and you were continuing to receive services.

Mr. Patrick Copenace: For me, I think one-on-one would make me or other people more secure, because you're actually seeing a person talking to you. The counsellor I had was good. He was good. But he asked me if we were done and I said yes. He said, "I think you are too," but that was just for me to accept this happening and to deal with it. We didn't get into other issues. As far as this happening, I have kind of accepted that this happened; I can't do anything more. I have to proceed on, but with the other people that were involved in this, they're having a hard time.

The Chair (Ms. Daiene Vernile): Thank you. Our final questions for you are from MPP Scott.

Ms. Laurie Scott: Thank you very much for coming, facing what happened to you and dealing with it. It takes great strength. The fact that you want to help others—I can't commend you enough for that.

On that topic: How do you think is the best way that we can help male victims in those communities? It was mentioned that you'd rather have one-on-one as opposed to video, which was good to hear, but how do you see—I don't know the ages of the victims who are in your community, but if you could comment, giving us a bit of guidance going forward, on how we can best help.

Mr. Patrick Copenace: I think one of the things is the cultural part has a lot to do with it, on how you're taught growing up a native; you're not supposed to say anything.

I told my dad this happened. I remember being out in the trap line at least a week, so I must have told him, because they were very protective of me. That was the happiest time of my life because I was with my dad. But I locked this out for 50 years. Now it's out, and I have to deal with it.

What I would like to see is you have to have some counselling afterwards. I don't know what will happen with this lawsuit after it's done. Are they going to close the door and not ever talk about it again? What I would like to see is a get-together where I talk about what happened to me and then open up. Because the 12 who

are involved are only a third of my community; the other ones, the door is locked, they won't talk about it. How does the community heal if they can't heal themselves? That's my version.

The Chair (Ms. Daiene Vernile): Patrick, thank you very much.

Mr. Patrick Copenace: Okay; thanks.

The Chair (Ms. Daiene Vernile): We are now going to hear from the remaining people who are at the table, if you could mention your names please and begin anytime.

Ms. Elaine Bright: Can I just ask, Madam Chair, if Angela could speak very briefly, and without necessarily any questions to follow up. She's the spouse of Patrick, and she just wanted to add a little bit to what he said. Then we'll turn it over to—

The Chair (Ms. Daiene Vernile): Certainly. Just turn the microphone toward yourself. Thank you, Angela.

Ms. Angela Flett: Okay. My name is Angela Flett; my spouse here is Patrick. I'm here today to support him. I've been with my spouse for about 20 years. It was unknown to me that Patrick was sexually abused until five years ago; I've been with him for 20 years.

After this thing came out about him being abused, I have seen him go through changes: anxiety, depression, very unhappy with life—a totally different person. We had problems in our relationship because of the abuse. He has been seen by a counsellor. He only had so many sessions, but he still has other needs to be addressed. Right now he's sitting on a cloud, because he's halfway healing and he can't continue. It's been five years, and he's been sitting on that cloud.

He needs someone to come in to assess him, to pinpoint what areas they didn't deal with to help him finish his healing. Like he was saying about when they go to court, this group of people, what is there for them after when they get out? They could be going—traumatized. There's no set thing to help them.

The Chair (Ms. Daiene Vernile): Thank you, Angela.

Ms. Angela Flett: Thank you.

SUNSET AREA VICTIM
CRISIS ASSISTANCE
AND REFERRAL SERVICE
AH-SHAWAH-BIN
SIOUX LOOKOUT/LAC SEUL
VICTIM SUPPORT SERVICES

The Chair (Ms. Daiene Vernile): We're going to hear from our remaining presenters who are part of your group. Please say your names.

Ms. Monika Huminuk: My name is Monika Huminuk. I'm the executive director for Sunset Area Victim Crisis Assistance and Referral Service. With me today is Geneva Sainnawap. She's with Ah-shawah-bin Sioux Lookout/Lac Seul Victim Support Services.

I'm going to be speaking on behalf of both of us. Then, when it comes to questions, we'll both be respond-

ing. We combined what we wanted to say today just to speed things along, because I know time is of the essence.

I want to just give you a little bit of history. I'm pretty sure that most of you are aware of the victim services programs throughout the province of Ontario. They recently had a modernization, so we are now VCAO, which is Victim Crisis Assistance Ontario. They've consolidated some of our programs together.

The programs began in 1998, and we have consistently grown. Geneva's program and mine are some of the newest in Ontario. I believe Kenora was the second-last one to actually be opened. We've now been in operation for six years and working on our seventh. Geneva's program has been open for 10 years, now going into their 11th year. Combined, we have 16 years of experience within our region.

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Our programs are established to provide immediate, short-term emotional and practical support to victims of crime and tragic circumstance. We're given a 45-day limit in order to access any funding to help victims who have been affected by a crime and it has been reported to either a program or agency in the area or to police services. This really limits some of the victims, especially when they're not able to come forward as quickly as possible.

Our victims could be cases of a homicide, suicide, domestic violence, serious assault and sexual assault. Our highest numbers are in domestic violence, sexual assault and aggravated assault.

Within our two programs, the average of aboriginal people that we help, from our First Nations community, ranges between 75% and 80%. The reason for that is the lack of services in the communities. They really need more services directly available to them. We do the best that we can in order to make sure that we're reaching out to the communities.

To give you an idea of our geographic area: Between the two sites, we extend from the Manitoba border to Ignace to Hudson to Red Lake and up to Whitedog. Within that area, when you go end to end, we're looking at five and a half hours.

To provide immediate, one-on-one services to victims in our area is nearly impossible, so we do try to provide a lot of phone support and work with community partners in the areas, to make sure that supports are available as quickly as possible for victims when they come forward.

With regard to sexual assault specifically, we definitely have needs in that area that have been identified by our programs over the last few years, and not just our programs but provincially. I know that a lot of the smaller communities have the same challenges that we have. I am only speaking for our region at this time.

When it comes to prevention and awareness of sexual abuse and harassment, it is a real concern in our area that there isn't more education available and that we aren't able to get the resources that we need in order to meet those needs.

We also need to find ways to improve our response time in which we respond to victims. One of the things with sexual assault, as we all know, is that at the time of crisis, they need that reassurance that there are supports available and that they are not alone. They need to know where to go, where help is and how to get to that help. That's what our program does. If we get a call in the middle of the night for a sexual assault, we have a list of resources and programs, as Elaine mentioned, that we can in fact refer people to in the community, and it's their choice, which services they utilize.

With our small communities, although a lot of our communities are smaller in population, we have a huge geographic area, so, "Where can I go for this help?" We need to have that readily available, depending on where they're coming from, to the closest resources that we have available. We provide that to the victim, and then the victim chooses which supports work best for them.

We have no way of knowing whether there's a conflict of interest, because we are talking about small communities where there are lots of family relations, or they maybe have accessed that service once before and there was a conflict of interest or it didn't work out for them. We don't know that, so we have to be extremely careful that we're not directing victims to utilize a service that might not be what they want, need or really could access, because of limitations. Those are some of the problems that we have in our smaller communities.

With larger cities, they have more access to different services, and the chances that there's a relationship there, whether it be a friend, a family member or an old acquaintance or someone that they've accessed once before—we have to be extremely resourceful. When we look at our resources, we don't just look locally; we do regionally and then we do provincially because sometimes there are resources out there that we can access through other venues and different forms of communication in order to make sure that the victims are getting the support that they need.

Elaine also mentioned about counselling. It is a real concern for us. One of the things that were also talked about was videotaping and doing counselling that way. We have had a number of comments in regard to that. It has been used. What happens with that is, you lose that personal contact. People—whether they're in Windsor or Toronto doesn't really matter—don't understand the culture that we live in here in our region within our communities. They're not sensitized to that. They're not culturally sensitive. You can take one First Nation community and then another, and they have different beliefs, different elders and different spiritualities. There are differences in dialect. There are all kinds of things that need to be taken into consideration when you're providing services to individuals in the community.

I strongly feel that those things need to be taken into account when we're working with and trying to find solutions to help people heal and move forward in their life around sexual assault—and, as Elaine mentioned also, the historical end of things.

We definitely need more professional counsellors, either trained here in our region or more accessible. We need to make sure that we're identifying those conflicts of interest within the communities when we're providing that support. I've dealt with victims before where they don't want to go in their community for support because the family is all there. They don't even want to come into the city, the urban area, to get support because they're also utilizing that service and they have lots of friends and family that have left the reserve and now are living in the urban areas, and they don't want the support. They want outside resources. But how do we get them there? How do we connect them? How can they afford to go to these places and get the services that are available?

One of the things that really stands out for me is that they have established some really good male services throughout the province. Thunder Bay, which is four and a half to five hours away from this, is where most of those male services are to date. This might answer some of your questions. We do not have the funding or the means to transport a victim who desperately needs longer-term support from our region to Thunder Bay. Also, depending on whether housing is available while they stay there to get their counselling—that's another issue. We can't afford the transportation. We don't have the housing resolved. There are a number of different things. Being able to come back to their community, because they do have families, so that you're not just isolating them for three or four months getting counselling and them not seeing their families—that's another concern that has happened.

We have worked with funding programs to try and find immediate counselling services. For instance, we do have a victim quick-response program. If we see that victim within 45 days, we can actually approve up to 10 sessions, at \$100 a session, per victim for sexual assault. That's great. That's wonderful to have that means available. However, we have one counsellor. The waiting list is anywhere from three weeks to months before they get in. What happens to that victim who needs that immediate support right after they've finally opened up and are able to express and are reaching out for help? Now you're saying, "We'll get you help, but it might take three months. We'll phone the counsellor." We help the counsellors do the intake.

Those are really important factors that we need to really work and play with. If we could resource some of those in Thunder Bay, that might help lessen that time frame and get people in for the counselling and services they need—or if we have more counsellors here.

Shelters are another problem. We do not have a male shelter. We've had a number of male sexual assaults—current, to date; not historic—who have nowhere to go. For safety reasons, through the VQRP program, we have been able to put them into a hotel for one or two nights just until we can find another placement for them.

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Lack of information about sexual assault and resources—we do all the research we can, like I said, and we

bring forward as much as we can and we provide victims with as much knowledge and information as we can possibly afford to hand out—and also available to us. I've brought some with me today. If somebody wants to see them later, I'll be at the back of the room. On a break you can come and see some of the resources that we have available.

Sensitivity training is another thing that Elaine alluded to—and absolutely, that needs to be done. It's not just for police services, lawyers and things like that. I think it's also the service providers within the agencies doing the counselling because we get desensitized after a while—and I can admit that because that's happened to me—where you have people coming to you for the same help and support, and you have to always be on and always be sensitive and empathetic.

Sometimes I need that little bit of a reminder that I'm being desensitized because I'm dealing with a lot of the same types of occurrences, like sexual assault, but they're so different based on everybody's personal emotional state, supports that they have in place, their culture. A number of things play a role in which way you are able to help people, and you're always having to make sure that you're able to do that.

Am I running out of time? Two minutes. Okay. I'm just trying to summarize this.

Partnerships are also very important and I'd like to encourage that here today. The more we can partner with our services and agencies, whether it be financially to get the services into the area or to share services, I think that's really an important piece in this day and age where funding is being cut. Services aren't quite readily available for regions like ours, but if we can start looking at finding ways to partner and the ministry supporting that partnership when we do put forward a request, saying that we're going to work on this together to meet this need in our community.

I want to thank you, Madam Chair, for your time.

Any questions?

The Chair (Ms. Daiene Vernile): Our questions for this round begin with MPP McMahon.

Ms. Eleanor McMahon: Thank you. Passionate, committed, devoted, caring—these are just some of the words that I think of when I listen to your presentation. I'm sure my colleagues would agree. When you talk about burnout and compassion fatigue—

Ms. Monika Huminuk: Yes.

Ms. Eleanor McMahon: —that's probably what you're talking about, and I salute you for recognizing that and want to honour what you said because I think it's so important that you—and it's not surprising. You're doing amazing work and helping people every single day. Congratulations and thank you for coming here today and for sharing all of this.

I'm so moved by your comments and I want, if I may, get a bit to the solutions piece.

Ms. Monika Huminuk: Yes.

Ms. Eleanor McMahon: So, your thoughts on how we can crack this piece around counselling—it was men-

tioned earlier; you've talked about it. Since there isn't the capacity here in the community—and please tell me if I make a mistake. I think that's what I heard from you. There's one counsellor here?

Ms. Monika Huminuk: In Kenora area and I believe—

Interjection: There's one private counsellor here.

Ms. Monika Huminuk: One private here.

Ms. Eleanor McMahon: So how do we get either more people here or how do we get a travelling counsellor that maybe is accessed through major centres? I don't know what that looks like, but would appreciate your thoughts on that. You mentioned resources in Thunder Bay and accessing those and if there was funding for you to access—what would that look like?

Ms. Monika Huminuk: For myself—and I can't speak for Geneva, but for myself, what I see happening is even with a publicly funded—through the mental health association, we do have counsellors. Again, the intake process is long. By the time we get into seeing counsellors, again, time has passed and the delay really impacts the victim. So if—

Ms. Eleanor McMahon: Sorry. Is that because you're getting assessed—is that what you mean, getting them assessed?

Ms. Monika Huminuk: Well, they go in for an assessment for the intake process and then they establish a counsellor to meet with them, again, depending on what's available or who's available.

Ms. Eleanor McMahon: Okay.

Ms. Monika Huminuk: So we do have publicly funded counselling services. If there's any way that we can expand on those and then also maybe look at prioritizing—when you go to the hospital, if you've got a cut on your throat, you're going to be the first one seen. If you have a cut on a finger, you're going to be the last one. You could sit there for six hours. So maybe prioritizing who the clients are: When there is a waiting list like that, who is at the top level? Should somebody with a sexual assault be up on the top list to be seen by a counsellor? A lot of sexual assault victims get depressed. That goes along with a lot of different types of victimization.

If you look at the stats, you'll also notice that when things are not dealt with at that level, and it's historic and it has been going on for years, suicide rates go up in that general demographic.

The Chair (Ms. Daiene Vernile): Thank you. Our next question for you is from MPP Scott.

Ms. Laurie Scott: Do you have anything you'd like to touch on that you didn't? I don't mind giving you my time for questions if you want to add anything on that you had to gloss over.

Ms. Monika Huminuk: No. I think that most of it will be covered between ourselves, and I know that Kathleen Fitzgerald is also here and she'll be touching on a lot of this.

Ms. Laurie Scott: Okay. Building on MPP McMahon's question about counselling, the priorities,

are they better to be counselled outside of their area? Do you see a stigma problem inside your communities? You know how big they are and I'm sure it varies, but is it better if someone is triaged—they need to be a priority—and they are actually sent out of their community for the counselling? Is that better or is that not?

Ms. Monika Huminuk: If there's funding available to bring them out of their community and if that's what they want, I think it's a victim's choice that we should make available. Some communities have the resources to have a counsellor come right to their community. Other communities may not have that resource or that safe place for people to come. I think it would have to be an independent survey of the different communities of what they think would be best suited for their needs and what is feasible in their community, because we do have different levels of band and council and resources available. Some of them have health nurses readily available, a clinic and all different kinds of things, so that might be a really good fit, to have somebody available to them directly, whereas others don't.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions are from MPP Sattler.

Ms. Peggy Sattler: Thank you very much for that comprehensive presentation. I want to touch on where you ended, on the importance of partnerships. Early in your presentation you talked about some of the challenges in a small community when there are limited services and you can't direct people to a specific agency because of issues within a small community. At the same time, you need to build partnerships because these are important. So I want to hear from you if you have any thoughts on barriers to creating partnerships, and how those barriers can be overcome.

Ms. Monika Huminuk: Do you want to speak on that?

Ms. Geneva Sainnawap: Some of the barriers that I see here in Sioux Lookout: Because we're such a small community, a lot of people don't want to go see a family member or a friend. Those are the barriers of coming from a small community. Even when you go up north, they're very small communities so a lot of times it's their family and friends who are counsellors up there.

Ms. Peggy Sattler: How do we overcome those barriers?

Ms. Monika Huminuk: It's really challenging. I think that working with the communities is the best way to do that because they themselves know, and they recognize that, in having those options available.

The other barrier, as you might say, is that sometimes getting services into communities is difficult. You usually have to go through the band and council to get a BCR for approval to bring services in. That's why that research needs to be done anyway. Those are things that your committee could partner with, with an agency like myself or Elaine, to try and find ways in, working with a crisis team in the communities, working with the health team, working with the band and council. Those are things that we'd be more than willing to help with; again,

developing that partnership and reaching out to the resources we have in one another to make sure that we're getting those services in a way that they need to be.

The Chair (Ms. Daiene Vernile): I'd like to thank you all for coming here today and offering your information and informing this committee with your important work and your experiences. You are now welcome to join our audience if you wish to listen to our following presenters.

1130

FIRST STEP WOMEN'S SHELTER

HOSHIZAKI HOUSE

DRYDEN DISTRICT CRISIS SHELTER

The Chair (Ms. Daiene Vernile): Our next presenter is from the First Step Women's Shelter.

Please begin by stating your name. You will have up to 20 minutes to speak to our committee, and that will be followed by questions from our committee members. Begin anytime.

Ms. Tana Troniak: Okay. My name is Tana Troniak. I live here in Sioux Lookout. I actually have two residences right now; I'm also in Dryden, Ontario, because I'm running both shelters.

Most of my experience and what I'm going to talk about is from Sioux Lookout, as I've been here eight years in this community. I have worked in the shelter/violence against women sector for 25 years. I worked in Thunder Bay at Faye Peterson House for 18 and then moved here. I've worked in Sioux Lookout for eight, and maybe six months in Dryden.

I have some papers for you. I'm going to skip the part about "What is sexual violence?" because I think we know that. In the package—my business card is there. If you get home and read it or have a question, you can email me or you can call me whenever you would like.

Basically, what I want to talk about is what we see in the shelter, working with women. Of course, some of the stuff you've probably heard through your travels with other shelter directors. Our women that we work with are fleeing abuse: 45% by their intimate partners—I'm really nervous, so excuse me—have experienced sexual abuse or sexual violence or harassment; 27% are by acquaintances or friends; 16% by strangers; 12% are non-spousal family members. Sexual crimes are by far most common offence against girls.

Child sexual abuse: It's reported that it's much higher than the corresponding share of violent crimes against women, 7%; but 47% of all violent crimes against girls under 12 reported to the police were sexual in nature—much higher than the corresponding share of violent crimes against women. Level one sexual assault accounted for the majority of sexual offences against girls, 69% of those, followed by child-specific sexual offences, 28%. So sexual assaults with women, with children—we see all of that working in the shelter.

Our experience, over the last 25 years, working in this field, is that women don't normally—they come into the

shelter; it takes time. You have to feel very safe before you start telling anyone your story. We found that most of our women do say that their husband either assaulted them or forced them to have sex. They never, ever felt that they had the right to say no.

In our shelter here in Sioux Lookout, I've changed some of the questions that we ask now. Instead of saying, "Have you ever been sexually assaulted? Have you ever been raped?", we'll say, "Did you ever have to have sex with your husband where you didn't want to?", because no one is going to say, "My husband raped me," at that point, in the shelter system. So sometimes it's about language and making them feel safe that they're going to say that. You can look at all the questions, all the questionnaires. I really think, sometimes we have to take a broader look at all of that and see what we're asking. Sometimes it's very clinical. That doesn't work for everyone because if you're asking these questions to a woman, she doesn't want to hear some of those words. So we really tried to change that.

Aboriginal women are at a higher risk to experience violence against women, sexual assault or harassment. We know this to be true. Many aboriginal women do not report sexual assault or abuse due to the fear of police and the courts. We have a high, high number of aboriginal people in our jails. The trust is not there. In our experience, when women have come in and told us they were assaulted, we say, "Would you like to report that?" Automatically, "No." They don't trust it anymore. They could have been picked up for drinking; they could have spent the night in the jail, and that's not a place where they're comfortable at that point to go to.

Racism and oppression towards aboriginal women and people in our community is high. I'm saying that from my experience. I am an aboriginal woman, so I've just seen it from that.

Many of the women we work with have disclosed that they have experienced child sexual abuse, either from a family member or an acquaintance. Most of the women feel their childhood was shattered by the lack of emotional response from a parent or caregivers, and that their basic needs were not met. Women who experience sexual abuse at the hands of family members or friends are more at risk of experiencing more abuse, including sexual abuse during their young adulthood and their adult life. The impact of this is atrocious because it does not allow them to live their lives as fully, and the women have mental health problems, eating disorders and, of course, substance abuse and addictions. There are more stats there. I'm not going to review all of those because, like I said, I do believe that you've probably heard a lot of that.

There's a smaller sheet there where I wanted to talk about First Step Women's Shelter here in Sioux Lookout. We're a non-profit organization governed by a volunteer board of directors, so our mission, our mandate is there. Our catchment area: There are 29 communities, including Sioux Lookout. We service 27 First Nation communities, and there's kind of a map on the second page—the dots. They say the area that we service is the size of France.

I have some recommendations. I called this my fact sheet because it's what I believe to be true. Of course, like I said, First Step services 27 First Nation communities. Most are remote and fly-in. Our occupancy rate here is always over 100%. First Step Women's Shelter is one of the only two shelters, I'm pretty sure, in Ontario that have to fly in their women for safety reasons. Of course, that doesn't happen all the time overnight. We have to make sure we can book the flight. We have to make sure that we try to get them to a safe, secure place. I think that there are only two reserves that have shelters, so they sometimes have to go home and sometimes they go to the nursing station or a family or friend's house. Sometimes they take off. They can get to the airport when the partner is gone.

We work with between 120 to 150 women per year, 130 to 150 children, and 99% of the women we serve are aboriginal. Off the top of my head, I can say last year we served one non-aboriginal and the year before that we had two, so it's easier for us to count the non-aboriginal women. Violence against women is at an all-time high in our north. I like to say "our north" because northern Ontario doesn't have the limitations that we see here in our north. This is northern Ontario to me—Sudbury and that isn't northern Ontario to me.

Laughter.

Mrs. Marie-France Lalonde: Sorry, Glenn.

Ms. Tana Troniak: Sorry. Come and spend a winter here.

Women fleeing abuse are entering our shelter systems to feel safe and secure with their children. The mandate of shelters in Ontario is to provide women and children with a safe place to live, and shelters provide a safe and secure environment. We have cameras. We have security systems in place. The doors lock.

Sexual abuse survivors and sexual assault victims feel violated and unsafe. First Step Women's Shelter provides a safe and secure emergency shelter for physically, emotionally or sexually abused women and their children. Sexual violence, sexual abuse and harassment victims are survivors, and they need a safe and secure environment. Shelters are already providing this to women and children in Ontario—I'm not saying perfectly; I'm just saying that's what we do.

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First Step Women's Shelter is at full capacity, with a lack of funding due to high transportation costs and high cost of living, and we are also a remote northern community. Shelters can do this work together with our local agencies, our communities and our government, but we need to do this together.

I have some recommendations. I really strongly believe that the first priority of the government needs to be that aboriginal women and girls are being murdered and going missing, with higher rates of suicide, addictions, mental health issues, sexual abuse, sexual assault and harassment, and may have trauma-filled lives. We need to do this with other aboriginal agencies, communities, ONWA—the Ontario Native Women's Association—and the OFIFC. We need to do this together.

We need to make the connection between woman abuse, domestic violence and sexual violence. There can be no separation. Domestic violence equals sexual violence; sexual violence equals domestic violence.

Develop, understand and address the reporting barriers, also understanding and offering alternatives to reporting. Provide education on sexual violence, including information on the prevalence of myths, misconceptions and attitudes informed by misogyny. Use a gender-based analysis in all conversations and strategies dealing with sexual violence, including workplace harassment.

The last page is something I've become very passionate about: trauma-informed care. Trauma-informed care is an organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all trauma. Trauma-informed care also emphasizes physical, psychological and emotional safety for both consumers and providers to help survivors rebuild a sense of control and empowerment.

No one is immune to the impact of trauma. Trauma affects the individual families and communities by disrupting healthy development and adversely affecting relationships, and contributes to mental health issues including substance abuse, domestic violence, child abuse and sexual violence. Everyone pays the price when a community produces a multi-generation of people with untreated trauma by an increase in crime, lost wages and threats to the stability of families.

Becoming trauma-informed means recognizing that people often have many different types of trauma in their lives. People who have become traumatized need support and understanding from those around them. Often trauma survivors can be re-traumatized by well-meaning caregivers and community service providers. Understanding the impact of trauma is an important first step in becoming a compassionate and supportive community.

I talked fast; I did well. I've got eight minutes to go.

I will say, I've been in this community for eight years. I first started working in the shelter system, like I said, in my early twenties—oh, no, I was 10; I forgot.

Laughter.

Ms. Tana Troniak: Because I'm only, you know, 30.

But anyway, it was an eye-opener. I also lived in a domestic-violence home for quite a few years. I am also a survivor of sexual abuse as a child. My stepfather—I'm just touching this lightly, because I'll tell you how I know about safety from my own experience as a young woman experiencing that.

Growing up, I was a little darker than my family. I have short hair. When my hair is long, it is long and stringy and coarse; I looked like a little aboriginal girl, and my family didn't. My stepfather—I'm not sure why he decided it was me that he abused, but never once in my life until in my twenties did I ever feel safe again. As the survivor here at the table said, it's something you feel for a very long time. There are still times in my life where something will impact me, and I have to step back and say, "Okay. That's okay."

I use one little story—this is not funny, but I will tell you; this is part of my healing thing. My stepfather was

not an aboriginal man. He was a white man from Nova Scotia. He told me things in my head like I was not allowed to wear red, because aboriginal people wore red and I shouldn't look like an aboriginal person. So I wear red as much as I can. I didn't always do that, though.

What I'm saying is, the safety and security of being able to report, to talk about sexual assault, sexual violence and sexual abuse does not come easy to anyone. To say in this community that, "You have 10 hours, you can come in, you can fly in, you can go to counselling for a week and then you have to go home" does not provide that safety and that support to that victim.

I didn't grow up in a northern community. I grew up in a small town called Atikokan. I don't have the same experiences, but what I see from the women—I know that some of our women, with our staff, have gone to the hospital who have been sexually assaulted. There is no way you can have counselling for sexual assault survivors in a week. They get re-traumatized, just like me in my red dress or my red coat. There are times when I think, "Oh, I can't wear that." It's long-term effects. We have to think in the long term: How can we make this work? How can they feel safe? Where can people go to talk about this?

My experiences are with women but also, like I said, I understand that there is sexual abuse of males. I wish I could work with that, but I can't right now. I work with women. But there needs to be a lot more when you look, in these kinds of communities, at what can be done.

When I talked about the trauma, I think we need to look at that and work as a community. We need our communities up north to take that focus. I believe this with my soul, and I see this in Sioux Lookout: No one is wandering around this town, or living in our shelters—the homeless one, or this—who started off their life wanting to be an addict, a homeless person or have addictions. That is not something people set out to have.

It is somewhere in their life, in their past, that there was trauma, be it residential school or sexual abuse when they were a child. They are still in that trauma. They cope—well, some sexually abuse others. Some are drinking. We have a high number of addicts in our community. We need, as a community, to take a look at this and stop focusing on their addiction—we have to focus on that, but we have to get to the groundwork, and that is mainly sexual violence and the trauma they experienced in residential school, which also was sexual abuse for some.

It's a big, big job. I think shelters can be a big, big part of it. For women, I can provide that safe space—well, for some. I'm full all the time, but we can try. That's what I'm getting at.

The Chair (Ms. Daiene Vernile): Ms. Troniak, thank you very much for your presentation and for sharing your information. We're now going to put some questions before you, if we could. Our first set of questions will come from MPP Scott.

Ms. Laurie Scott: Thank you very much for being here today and for your dedication in helping women.

You've brought a lot of information, and I probably have a lot of questions. You've been doing this for a long time. You're a victim yourself, a survivor. How do you change the root causes? The parents don't seem to have the tools. How do you get the information to them that's actually working? Is it flyers? I agree with you about the limited counselling not working; I appreciate that. But how do we get in to change the deep cultural settings that this is occurring in—because it's not getting less, right?

Ms. Tana Troniak: No.

Ms. Laurie Scott: So we have to do something.

Ms. Tana Troniak: I think we need to do it as a community—and bigger. As Ontario, we need to work at this, as a community, getting the agencies together, figuring out what is going to work, figuring out how to keep people safe, how to provide an effective service to men, women and children that is going to be safe and supportive and will be there. We can't have funding for a sexual abuse counsellor—we had one through ONWA who was working out of a building. That's unstable. That's one year. So they decided it's not good to do sexual abuse counselling because, after the year is up, then what? All those people are left stranded. It has to be consistent. It has to be there.

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Ms. Laurie Scott: Are those communities willing to have that there constantly? Say it's an office. Say it's three people who aren't from that community. Is the community willingness actually there to realize what's taking place?

Ms. Tana Troniak: We have that. Nodin goes up north. They have counsellors. I don't know if they have ones who are specifically sexual abuse counsellors, but they do go up there.

Again, are they safe in their community to do that? A lot of organizations try to hire within the community. Is it safe for that person? Is there a family member? Is the confidentiality there? Some of them want to come out. Some of them do. That's how we get our women in our shelter. They want to be there. Some want to go home, but—

Ms. Laurie Scott: Some don't.

Ms. Tana Troniak: Some don't; yes.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions for you are from MPP Sattler.

Ms. Peggy Sattler: Thank you so much for coming today to present to us. Your shelter is at 100% capacity all the time. What happens to women who come to the doors of the shelter when the shelter is full? Where do you refer them? Do they have to go back home?

Ms. Tana Troniak: No. Any woman who fits in our mandate, we fly out to our community and then we send taxis from here to Dryden or to Atikokan. There's no bus service so we taxi them, at about a \$200 cost, to Dryden. I think it's a \$500 expense to Atikokan. Some may transfer to Thunder Bay, but it's mainly the two shelters in Atikokan and Dryden.

Ms. Peggy Sattler: So there's typically capacity in those other shelters to handle—

Ms. Tana Troniak: Yes. They are a little slower and a little smaller than us, so that helps, but now they're busy too. Sometimes if they're really busy, we move people around. One time, we put someone in a hotel. We just make it work.

Ms. Peggy Sattler: And the travel costs, the costs of flying women in, would be considerable. Do you have a separate funding envelope for that, or do you have to use your operational budget to fund—

Ms. Tana Troniak: We have to use our operational budget.

Ms. Peggy Sattler: So there's no recognition from the province that you incur these additional costs for transporting women?

Ms. Tana Troniak: No. Kenora, which is funded the same as we are, doesn't have to pay travel costs, has more staff and more counsellors, and we don't.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you are from MPP Lalonde.

Mrs. Marie-France Lalonde: Thank you very much for being here.

Ms. Tana Troniak: Thank you.

Mrs. Marie-France Lalonde: I really appreciated your presentation. We had the great pleasure, actually, yesterday—I don't know if you know her, but Debbie Zweep was presenting yesterday from the Faye Peterson Transition House in Thunder Bay. I'm sure you're continuing the good work that you've done there, so thank you.

I look at your stats, and there's an all-time high in our north for sexual violence—and the issue of safety, feeling safe. If you were to give this committee a recommendation to help the women who come to you in the shelter, what would that be so that we can help with that feeling of safety?

Ms. Tana Troniak: For our shelter, you're saying?

Mrs. Marie-France Lalonde: Yes.

Ms. Tana Troniak: I think we need more beds here and more funding. One of the main things we need in this community, for us, is transitional housing. We need a place to go for at least a year or two where they still can be with us and work with us but be on their own also and have that support. In our community we need transitional housing for many things—addictions, mental health issues. We need more housing, but supportive housing also.

Mrs. Marie-France Lalonde: You've also referred, in your recommendation, to understanding and addressing the reporting barrier. Can you elaborate a little bit for us on the ideal vision you have as to how we can help with that aspect?

Ms. Tana Troniak: For reporting sexual violence, I think sometimes if you go to the hospital it's very medical. We don't have the staff 24 hours a day. We have one staff working at our shelter, so I can't just send somebody there. Having a better relationship with the hospital—we're small; we all get working in our little groups and struggle within, but we need more support in

the hospitals just with the women when they come out so that they feel that safety—like I said, safety is so important—that they get that and then feel they can go there and they can report it and have that person standing beside them.

Mrs. Marie-France Lalonde: Would you say that when there's an incident, they would call—I guess traveling is almost impossible. So where do they go when a sexual assault occurs and how do they have access, let's say, to a hospital or your shelter?

Ms. Tana Troniak: The nursing stations—

Mrs. Marie-France Lalonde: Okay, on the reserve.

Ms. Tana Troniak: If they've reported it to the nursing stations. We've had women walk to the shelter. We had a woman who walked into the shelter, was intoxicated so we had to sober her up a little bit. A lot of shelters don't do that. Once she sobered up, she told us she had just been assaulted, so we waited. The dayshift staff came on, and one staff went over to the hospital with her and reported it.

Mrs. Marie-France Lalonde: And you mentioned that, maybe, your relationship with the hospital is not where you would like to be. Why? Why is that relationship not as present—

Ms. Tana Troniak: A lot of it I think has to do with the fact that we're small; we're busy. I'm running two shelters right now. It's time too, and being small and not having the staff to do stuff like that, they're also very busy too. That's a whole other—

Mrs. Marie-France Lalonde: And if I may, I know in my notes here I see that telephone support is available 24 hours a day. We heard yesterday from Talk4Healing. Is that part of a service that you're able to offer or are you—

Ms. Tana Troniak: There again, it's on the telephone.

Mrs. Marie-France Lalonde: Okay.

Ms. Tana Troniak: It needs to be one-on-one.

Mrs. Marie-France Lalonde: But for those who are in remote locations, do they have access to that phone line?

Ms. Tana Troniak: Oh, yes. Yes, they do.

Mrs. Marie-France Lalonde: Okay.

The Chair (Ms. Daiene Vernile): We want to thank you very much for coming and speaking to this committee and informing us of the important work that you do. Thank you very much.

Ms. Tana Troniak: Thank you.

The Chair (Ms. Daiene Vernile): If you would like to join the audience now and hear the other presenters.

MS. BRENDA DOVICK

The Chair (Ms. Daiene Vernile): We now would like to call forward Brenda Dovick.

Please have a seat at our presenters' table. Make yourself comfortable. You will have up to 20 minutes, if you require it, to speak to our committee and that will be followed by questions from our committee members. Please state your name and begin any time. Thank you.

Ms. Brenda Dovick: Good morning, everyone. Welcome to our beautiful community of Sioux Lookout. My name is Brenda Dovick and I live here in Sioux Lookout.

First, I'd like to acknowledge you as members of the Select Committee on Sexual Violence and Harassment and the efforts that you're making in hearing the voices of communities in our province. I feel very grateful to be given the opportunity to speak about this important issue and have the deepest intention to make a positive contribution which will help find solutions.

I'm more nervous than I thought I'd be. All right. So here we go.

Interjections.

The Chair (Ms. Daiene Vernile): Would you like some water or a cup of tea or a cup of coffee?

Ms. Brenda Dovick: No, I'm okay. Thank you, though.

I've been taught that it's really important to set the landscape of where we're coming from when we talk. I was taught that through my experience with elders and my education. So that's what I'm going to do.

I come to you today from the perspective of different roles I have in my life. I'm speaking as a woman and for women, as that's what I know best. In saying this, I acknowledge that boys and men experience sexual violence and this needs to stop. I fully support and advocate for all initiatives that work towards ending sexual violence for all people.

I come to you as a woman who has experienced sexual violence in my childhood and in my adolescence.

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It has been a long process of remembering the experiences I've had, and there are still some blank spots. I mention this because it's important for the committee to know the various implications of this issue. You've asked people to come forward to speak from their own experiences, which is a very difficult thing to do in itself, and I want to publicly acknowledge the people who have chosen to do that.

It's also important to mention that there are many people who have not yet come to realize that they have experienced sexual violence because they've repressed the memories, as I have, or they do not understand what sexual violence really means. This instills the importance of public education in the definition of sexual violence so that people can put together the puzzle pieces which will explain the internal struggles they have which are a result of being violated in the worst possible way.

I also come to you as a social work professional with credentials as a registered social worker with a Master of Social Work in the aboriginal field of study from Wilfrid Laurier University. I have over 20 years of experience working in the non-profit sector in our community, including direct service work as a mental health counsellor for individuals, including those who have experienced sexual violence. This work in particular has involved travel to remote First Nation communities, and I have been involved in coordinating community initiatives to bring awareness to violence against aboriginal women in

particular. This is an area of work and study I have a strong commitment to.

I also come to you as a community member of Sioux Lookout who is concerned about the issue of sexual violence and the safety and well-being of all people. This issue is one that affects us all and is not spoken about locally, and I recognize that this needs to change. I consider myself a strong voice in ensuring this is an issue we address in our community.

Lastly and most important to me, I come to you as a mother and a grandmother who deeply desires healing for her own family. I did not know how to talk about this issue as a young mother with my children, and it has affected their lives. I want to change this for our future generations. That is why I do the work that I do.

This is obviously a very important discussion and one that has various components and directions in which conversations can flow, so it's interesting that the last question that came to the previous presenter was about reporting, because that's what I've come to talk about today, low reporting.

I want to talk about the low reporting stats and lack of disclosures made by girls and women in our region. Recently, we've had the second restructuring of our local hospital-based assault care and treatment program in a relatively short time, and those who have been part of making these decisions have indicated that the program is underused. Knowing the landscape of our region quite well in my professional capacity, I can verify that sexual violence is happening at high occurrences, so there's definitely a disconnect between the victims and service system. This is happening for a variety of reasons, some known and others that still need to be clarified.

I'd like to refer to the statistic that only 10% of sexual assault victims report to the police. Through my experience supporting victims, there are many contributing factors to this. There are systemic breakdowns which have left victims feeling a lack of trust in the judicial processes. These are well documented in academic research. There are also poorly trained personnel at service agencies who are not professionally equipped or simply lack the compassionate nature to work in this specialized field.

The reluctance to report is especially evident by First Nations women I have supported who often express the lack of confidence that they hold in systems that claim to support them. I've had experiences with women from remote communities who disclose that going through the court process often is not worth the pain that it brings. This is especially the case when they are made to testify in the same room as the perpetrator and the perpetrator's family and friends who will make even worse problems for them, whatever happens in the court case and whatever the outcome is. There are women who do start the court process yet often withdraw partway through, which results in a reputation of lacking credibility should they file other charges in the future.

Another scenario is the woman who decides to visit the local emergency room, preferably with a community

social service provider, if possible, because she doesn't know what to expect there. I can remember one woman in particular who asked me to go with her to have a follow-up for the head pain she was experiencing due to a brutal sexual assault in her community that had left her unconscious. The treatment she received from the attending physician was inhumane. I witnessed it myself. To put it bluntly, it resulted in the woman experiencing unnecessary additional trauma when she was looking for help, simply because of his lack of compassion towards her. In this case, I was able to encourage her to file a complaint with the hospital, and I walked through those steps with her. It was very empowering for her. However, I can assure you that there are many cases similar to this that go unreported, and women likely do not return for help when they need it the most.

These negative experiences women have with support systems as victims of sexual violence not receiving the support they need often result in them returning to harmful situations where the assaults continue, and other perpetrators are added into the mix. It's a heartbreaking situation which leaves victims feeling helpless and caught in a world of victimization, often leading to addiction and even death by suicide. These things I'm disclosing demonstrate the need to improve systems of response for those who experience sexual violence. These systems must be monitored and evaluated continually to ensure that victims are able to access initial treatment and ongoing supports to heal from their experiences while being able to safely and effectively navigate the judicial system to hold perpetrators responsible.

There's an additional factor that I'd like to bring forward which keeps reporting stats low and one that we don't often consider in service systems. This is the burden that women and girls carry with them in the form of a belief that the sexual violence that they have experienced is something that they're to blame for. Often women will not recognize sexual violence as a crime due to the environment that they've been raised in or that they're currently living in. Many women and girls I've spoken to believe the sexual violence that they experienced is something they brought upon themselves, either the way they behaved at a party, the way they spoke to a man or the amount of alcohol that they consumed that night. Women have told me that they agreed with their ex-partner's claim of ownership when he came into her home late at night unannounced and repeatedly sexually assaulted her. She has come to believe that she is his property, and unless someone intervenes and teaches her otherwise, this will continue. I have so often heard the internal message that women carry with them, all those messages that perpetrators have told them. They believe them; basically, they believe that they deserve exactly what they got.

How are we going to change this? What influence do we as a society and professionals have in changing women's internal messages? In all our efforts to address this issue, I feel that this is the huge piece of the puzzle that we're missing and one that needs to be addressed

should we truly want to tackle the problem of sexual violence in our communities head on.

I believe that we as a society must take responsibility for the messages that we're giving to one another about sexual violence. Just as importantly, we need a government that will support public policy that will ensure that schools, workplaces and other public institutions have to adhere to zero tolerance measures to address all types of sexual violence, which include words, attitudes and behaviours.

Currently most schools enforce dress codes for students. If a young woman comes to school dressed in a tank top and a short-cut mini-skirt, she's sent home with the message that she's dressing inappropriately, that maybe she's asking for something. What is this message? Is it a message of safety or is it a message saying, "You're asking for what you're going to get, and you're going to be blamed for what you're going to get"? How can schools still endorse appropriate student attire, yet not perpetuate messages that hold females accountable for being assaulted due to their appearance?

We have a curriculum in our schools which includes sexual education. In this curriculum, are we really teaching young people how to respect each other's bodies and how to respect each other as human beings? Do we have healthy adult role models in our education system who can teach this to children and adolescents properly and with honour?

What happens to teachers who abuse their privileges as trusted adults and cross the lines of appropriate conduct? Yes, they're usually dismissed, but why do we see them working in other capacities in our communities? Why do we see them teaching in remote communities? Why is their history not being tracked? Why is their inappropriate behaviour not known? Who is checking into the history of perpetrators who continue to be in contact with vulnerable populations?

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In the social work field, as registered social workers and registered social service workers, we are legislated to maintain the boundaries of appropriate relationships with clients we work with. When these lines are crossed, the consequence is a review by our peers and a hearing which will likely result in a suspension of membership, and our registration is revoked.

However, despite these actions, there are many organizations that will hire people without checking into their backgrounds, without checking that they are indeed registered as a social worker or social service worker. If they were to do so, they would see the history of these individuals. This places responsibility on organizations to ensure that they are keeping citizens safe, and perhaps the government needs to consider a monitoring system to remind administrators to check the history of their employees, as well as implementing standards of practice in hiring registered professionals.

We also need to think about community members who are in positions of authority and need to be held accountable for their behaviours, their words and their attitudes. This includes sports coaches, church leaders—anyone

who is in contact with the public in this way. These organizations need to have policies in place to prevent sexual harassment and protect the vulnerability of young people, especially, who come into contact with these people.

I want to refer to the term that is used in the document that the government has put out about rape culture. This talks about societal norms which can contribute to the epidemic of sexual violence. Media messages from advertisers always bombard us with these messages, and we are well aware of this. Despite the progress of teaching children "no means no" and to be wary of unwanted touch, there remains a disproportionate number of young women experiencing sexual violence in our communities.

This is a widespread problem, and it's challenging to address when citizens express their own rights of what movies and music videos they choose to watch, the sexual lifestyles they are involved in and accusations of limitations of freedom that are expressed when sanctions are potentially implemented which limit access to media and information available.

So what is the solution? I agree that ad campaigns, such as the province's It's Never Okay initiative is a good start to have members of the public take responsibility, so I suggest having these ads placed in locations and atmospheres that will influence a target group that needs this education, and that includes sporting events, television channels that men watch frequently and perhaps on YouTube, where they will—

The Chair (Ms. Daiene Vernile): It's already there.

Ms. Brenda Dovick: Okay, good. Good to know.

I also feel that the government's support of involving voices of survivors is especially important. When working in my role as a Sioux Lookout aboriginal sexual assault counsellor with the Ontario Native Women's Association, I coordinated a PhotoVoice project, which was created by young First Nations women sharing their perspectives and personal experiences of sexual violence. I've sent the link to this PhotoVoice via email to be distributed to all of you, and you can watch it when you're able to. That would be appreciated.

This project is an example of how empowering it can be when victims of sexual violence are given an opportunity to participate in something that can create change on a larger scale. Over the time we spent together, young women learned about the history of violence towards women and girls in aboriginal communities and how colonization has contributed to this. They explored their own identities as indigenous women and what that truly meant to them. Finally, they were encouraged to reflect on what they felt leaders in their communities, organizations and at a government level needed to learn from them.

The results were evident through the participants' evident pride at the community event they hosted to premiere the video and the photo display. The video is now on YouTube for public viewing, and the photo display is located in a main hallway of the Sioux Lookout Meno Ya Win Health Centre. I'd like to read the words of a participant who has given her permission to share her reflections about the project. She says:

"During my experience through the PhotoVoice project from the end of August to the middle of November, I have learned a lot about sexual violence.

"I learned that sexual violence is something that nobody wants to talk about but it happens to everyone in the world, happens to women, men, girls and boys. It can happen to anybody, your brothers, sisters, cousins, aunts, uncles and friends.

"This particular project is focused on aboriginal women because it's more likely that an aboriginal woman may be sexually assaulted or abused or experience sexual violence.

"This PhotoVoice was a great way to express my feelings. Adrienne and Brent," who were the photographer who mentored us, "gave us lessons on how to take different kinds of pictures, from different kinds of angles and such. It wasn't just about taking photos around Sioux Lookout, there were a lot of other things we had to do to bring this project to life. We had meetings every week and were kept busy with many different activities to do. We chose the title 'The hurt of one is the hurt of all; the honour of one is the honour of all' because when someone hurts it doesn't just affect them, it affects many people in the community. 'The honour of one is the honour of all' means if someone celebrates a joyous occasion, it is felt not by just them; it is felt by many.

"I am only 14 years old and have already experienced two sexual assaults. Because of this I have low self-esteem and I feel worthless. This PhotoVoice project has helped me open up and share my problems with other girls that went through the same thing as me. Counsellors have helped me understand that it wasn't my fault, it was the abusers' fault. I still have problems communicating with boys because I don't know what they expect of me and I don't want to be forced to do something I don't want to. I was born with cerebral palsy and don't have the full use of my left hand. Because of this, I don't want to be taken advantage of. I was born this way and have come to terms with it. I found my traditional way of life and it has made me feel stronger and more confident in myself.

"In conclusion, changes are hard, but we have to start somewhere, even if we have to take baby steps. Because of being involved in this project, I can now hold my head up high with dignity and help others who are struggling with sexual violence. I can empathize with them. So I encourage all women, aboriginal or non-aboriginal, to get help right away if you are struggling with sexual violence in your life. I know it's not the prettiest thing to talk about. Nobody wants to talk about it. I never wanted to talk about it myself, but we've got to start somewhere. Thank you for your time."

The Chair (Ms. Daiene Vernile): Thank you very much for your presentation. We're going to give you some questions now. Our first set of questions will come from MPP Sattler.

Ms. Brenda Dovick: I thought I had 20 minutes—oh, I have. Okay.

Ms. Peggy Sattler: Thank you very much. Instead of questions, did you have a couple of other concluding thoughts?

Ms. Brenda Dovick: I just have a little closing part. Sorry. I thought I had timed myself.

Ms. Peggy Sattler: Please conclude.

Ms. Brenda Dovick: I just want to share that this is a young woman who needed to speak through me through the first sessions that we started together, this young woman who wrote this and who's now 16. She wasn't able to look anybody in the eye at that point. It was partway through the project that she was able to begin speaking out loud. At its completion, she actually facilitated a school assembly and shared her experiences. I don't take credit for that. I give all that credit to her and to her peers. It just shows how powerful these things are.

The final point that I want to stress is the whole community approach to prevention, intervention and post-vention. We need to stress the message that it's not an individual issue, as was the message of this PhotoVoice. How can the government support us? It can be through family healing initiatives that work towards addressing underlying issues of trauma, that Tana has mentioned, that perpetuate violence in families and interpersonal relationships. We need to support research initiatives to find out from victims themselves what interventions work and what types of supports they require. We need more public ad campaigns that are located in all spaces where everyone can see, hear and learn from them. We need legislation which forces employers to adhere to policies that address sexual harassment in the workplace and community organizations to follow strict measures in selecting employees and volunteers.

We have a long road ahead of us, yet there are people and organizations that are doing good work and they're really making a difference. There are champions in the field of sexual violence who can act as mentors and guide communities in the direction of becoming safe places for us all to live.

I want to acknowledge Premier Wynne and her government in recognizing the need to address this issue and reaching out for help from the communities to help us all to move forward.

Thank you for taking the time.

The Chair (Ms. Daiene Vernile): Thank you. MPP Sattler, you may continue. We have a few minutes.

Ms. Peggy Sattler: Thank you very much. First, I want to say how much we appreciate you coming and sharing both your personal and professional experiences with this committee. You acknowledged how difficult it is for people to share those personal stories. We benefit so much, but it is very difficult for people, so thank you for sharing.

You mentioned at the beginning of your remarks something about the hospital restructuring that had taken place here and how that is having a negative impact on victims. I missed what you were saying. Can you tell us a little bit more about what's happening with the hospital restructuring for victims' services?

Ms. Brenda Dovick: I don't feel that this is the proper venue to really talk about that in respect to the program. Just out of a community perspective, when these

programs are restructuring in a general perspective, there's a breakdown in service—

Ms. Peggy Sattler: A ripple effect.

Ms. Brenda Dovick: It just shakes everything up again. We as a community need to be able to advocate and to be part of that change process.

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Ms. Peggy Sattler: Okay.

Ms. Brenda Dovick: In our community, there has been restructuring twice in a very short time, with limited input from community. We're working to improve that.

Part of my comment was, it's not because the service isn't needed. We don't want that message to be put out. I'm not saying that's the message that the program has, yet we're concerned that funders will get the message, "It's not a service you need in your community, so we're going to pull it." It's needed. It's just, why isn't it working?

Ms. Peggy Sattler: Yes.

The Chair (Ms. Daiene Vernile): Thank you very much. The next question for you is from MPP Thibeault.

Mr. Glenn Thibeault: Thanks, Ms. Dovick, for being here today and sharing your story. I know you talked a lot about issues relating to reporting and revictimization. I was able to take the time and go through the photo journal, or the PhotoVoice project, as you call it. There was a very powerful statement in it, and I'd like to read it. It says, "We look to a system that keeps letting us down. A system designed to protect us has become one that hurts us even more. The system needs to be changed, to do what it is supposed to do." That is a pretty powerful statement, when you read that.

I guess, when looking at the individuals who you talked about, who were involved in this, I'd really like to delve into that a little more and get your opinion on what you think are the changes that are needed to make the system work.

Ms. Brenda Dovick: We need to go to the victim-survivors themselves to get those answers.

For me, as someone who has experienced sexual violence, it really is about that first point of contact. That is so important. So if it's police, if it's hospital emergency staff, they need to be specialized in that field.

I had the sad experience of going through the last days of my father-in-law's life on an oncology ward in the Health Sciences Centre in Winnipeg, and the care and the love that he was given. We need to bring that same kind of compassion and love to people who have experienced sexual violence. I was surprised that I nearly broke down myself. It was difficult, as a survivor, to write this. That survivor, she didn't want to come here today. So it doesn't end. I guess that's what I want to say.

We need that love and that compassion, as communities, to welcome—those are the changes. How we bring those together—we work together and find that out, like you're doing here. You're hearing from survivors. That's so powerful. I just want to really acknowledge that. Thank you.

Mr. Glenn Thibeault: Thanks.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you are from MPP Scott.

Ms. Laurie Scott: Thank you very much for appearing here today. It was tough for you, and we all appreciate the fact that you found the strength to come here, and that you work in the field that you work in.

You work closely with aboriginal communities, so I'm just going to focus on that. What tools are we not giving or what awareness are we not putting out there for the chiefs or the elders? Maybe they already do see how prevalent it is in aboriginal communities. What is it that we're not providing? I know we don't want to talk about it, but we have to.

Ms. Brenda Dovick: Right. I think the mechanisms to have victims leave the community when they need to—we have huge struggles with Health Canada, with non-insured health benefits, getting victims out of communities at times. It continues to be a battle.

I believe that people who work on their own healing become advocates. If we support victims and survivors to use their voices in their own communities, that can be a really powerful first step—including leadership. There are a lot of people in leadership who have not addressed the pain that they've experienced. Everyone needs a safe place to do that. So creating that safe place—if it means, like I said, being able to transport people out of communities and not go through a whole intense questioning. It's like revictimizing people all over when we're not giving them that honour of doing their healing in the way they need to, which includes often leaving their own communities.

Ms. Laurie Scott: On an acute level, I totally agree, but on a systemic level, do they realize what has occurred in the communities, what continues to occur? They could be victims themselves; I'm not saying they're not. I'm just saying that the comfort of these small communities with their leadership, their chiefs, their elders being there for them: Do you see any movement in that at all?

Ms. Brenda Dovick: In some communities, and others not. I've worked with women at our local shelter who are not being supported by leadership. So leadership needs to acknowledge this. There are many leaders who do, and there are others who don't. It's a tightly held secret, one that could really open up a lot of pain in a community. So that support is needed.

Ms. Laurie Scott: Okay. Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Dovick. Thank you for coming and informing this committee of your important work and your experiences. I invite you now to join the audience, if you wish to listen to the next presenters.

Ms. Brenda Dovick: Thank you.

SI OUX LOOKOUT MENO YA WIN HEALTH CENTRE

The Chair (Ms. Daiene Vernile): I will call the next presenters, from Sioux Lookout Meno Ya Win Health Centre, if you could please come forward.

If you could introduce yourselves. You'll have up to 20 minutes to speak to our committee, and that will be followed by questions by our committee members. So please begin by stating your names, and begin any time.

Ms. Amy Chamberlain: Okay. My name is Amy Chamberlain and I'm speaking today as the survivor of sexual assault and in my role as an advocate working as a registered nurse in the Assault Care and Treatment program at our hospital here.

Ms. Glendene Schardt: I'm Glendene Schardt. I'm also an RN who works in the ACT program. I'm a childhood survivor of sexual assault and domestic violence from the age of one to 17, when I went into nursing. I've been nursing for 39 years, 10 of them up on northern reserves and 17 of them here in Sioux Lookout.

Ms. Amy Chamberlain: We're going to start by just talking a little bit about the details of our structure in our programs. We're set up as 4.5 full-time RN positions. We provide on-site care and telephone support to the northern communities 24 hours a day, seven days a week. Each RN is on duty alone. We don't have a call component to our program currently. On-duty-alone can create some challenges as we're working almost in a silo. It makes it difficult to initiate projects and public awareness projects because we're expected to juggle competing priorities hospital-wide.

Part of this goes with our role as also being a resource. We're not strictly dedicated to the ACT program. We are, at times, reassigned to other areas in the hospital due to staffing shortages and limited human health resources. It often leaves our ACT program with no coverage or limited coverage, whether this be going to the emergency department to help with trauma, going to the maternity department to help deliver babies, or going to the medical surgical unit to help new grads with deteriorating patients or starting IVs. Like I said, it does make it difficult when we're trying to do community outreach.

Currently in our hospital, we have four RNs hospital-wide right now who are qualified to work in this program. We don't have a casual staff pool to pull from to cover gaps or replace staff.

Part of what I just wanted to touch on as far as the limited human health resources: Glendene actually got a subpoena to go to a court date, which, for us serving some of the northern communities—her court appearance was actually up in one of the communities. That was supposed to be scheduled for today. She's also scheduled to be the ACT nurse today to respond to acute cases. If she had actually had to go up to the community, we wouldn't have coverage to respond to something like that.

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Our staffing setup and funding have prevented us from accomplishing the public awareness projects that we'd really like to do, and we're going to talk about more of those a little after.

Just about our background information: We serve a population of around 30,000 people. We service 32 communities; 28 are First Nation communities. We also

service four southern municipalities. We cover 33% of Ontario's land mass. Our geographical location is large for a relatively small population. All of the communities we serve are in remote and rural areas. There's also a map included for you as well, if you want to take a look to see how far our service area spans.

Talking about some of the challenges to health care delivery because of some of this background information: Many of our patients have limited access to care. Only 15% of the people we see have immediate access, meaning that they can have some kind of available and timely transport to get to a service area in a reasonable amount of time. With that being said, the rest of the patients have the need for extensive travel, like what Tana was saying with aircrafts and the winter roads from January to March.

Like I mentioned before, we also have limited health human resources and higher costs per capita. The cost of living is significantly higher in this area, and they get even higher as we go further north.

Our program is very unique due to these challenges. As you'll see as we continue, it will be very important going forward that the action plan reflects some of these unique challenges. There are some food prices available for you to look at and some pictures of the travel methods that are used.

When accessing services, often our patients and families are traumatized by the logistics of just getting to our service area in addition to having to deal with the presenting health issues and the foreign context in which they're met.

When we look at the health realities of our patients, 80% of the patients we see at our hospital are First Nations people, while 80% of the staff are non-First Nations. Many of our patients speak one of the three Anishnawbe languages, which have 19 dialects.

That being said, First Nations people across Canada suffer a disproportionate burden of disease and ill health when compared to their non-First Nations counterparts.

Health is influenced by a mix of historical and contemporary issues which include poverty, unemployment, inadequate housing, poor access to programs and services, discrimination and a loss of traditional lifestyles. As a result of some of these factors, we see people experiencing higher rates of chronic and infectious diseases, things like blood-borne infections, hep C, tuberculosis and sexually transmitted infections.

We also see suicide rates which are disturbing. For children under the age of 15, suicide rates are 50 times higher than the national average, and five times higher for those between 25 and 44.

We also see disability and addictions being major issues. Alcohol-related deaths are twice as high as they are in the general population, and deaths due to illicit drugs are three times as high.

Family violence and injuries have equally disturbing high rates. Spousal homicide for First Nations women is eight times higher than that of non-First Nations women.

I have a population distribution graph here. It just illustrates the difference in the population when we're

speaking specifically of aboriginal individuals in the North West LHHN area. Their population is mostly between the ages of zero and 29 when compared to the rest of the North West LHHN and Ontario, which follows more of the bell curve with the baby boomers aging. This has impacts when we're looking at how we address issues regarding sexual violence and harassment, because we know this happens in that age group of zero to 29.

When we look at violent crimes, 48% of First Nations women who experience intimate partner violence report the most severe forms of violence—being sexually assaulted, beaten, choked, threatened with a gun or a knife—and are more likely to state that they feared for their life as a result.

We also have a graph here depicting violent crimes, which includes sexual assault, robbery and physical assault. One includes spousal violence; one doesn't. But you can see in comparison that aboriginal female victims suffer significantly higher rates of both.

Ms. Glendene Schardt: This coincides with the national inquiry for missing and murdered aboriginal women. Women are leaving northern communities for various reasons, and often sexual assault and domestic violence at the community is one of them. They are not always aware of programs and options available; therefore, a lot are living on the streets, becoming more vulnerable to unhealthy lifestyles and predators.

It is important that the ACT program provides reliable, consistent, qualified, supportive, non-judgmental services not only to women, but to men and the LGBTQ community, as these individuals are also facing similar vulnerabilities and high-risk situations as the women.

It has already been brought up: We have no place for men. We see men in our program. Our problem is housing. If they are First Nations men, we have the hostel that provides them—non-insured pays for that. If they are not First Nations men, we have nowhere to send them except Thunder Bay. We work very closely with counselling. They help. We provide that service.

Our program needs to be involved in promoting and providing education about the options that we offer, and other services offer, so individuals are aware there are choices other than living on the streets.

Ms. Amy Chamberlain: We also included a flowchart to give you an idea as to the process that needs to happen for our patients to actually come to our service point. You can see that in order for someone to get service, after the sexual assault or domestic violence event happens, they have to go to the nursing station. The doctor needs to be contacted. We get a referral. But even after that, transportation needs to be arranged from the northern community. They have to take a flight out to Sioux Lookout. They go through the ER department to get triaged and then they get a consult by us. That can take anywhere from 24 to 72 hours before we even see a patient come through our doors.

Just from conversations with police and northern nurses, we're not even aware of everything that goes on in the northern communities in regard to sexual assault,

domestic violence, elder abuse and other issues of sexual violence, because they are not even aware of the programs and services that exist—due to the isolation and the minimal funding to overcome the unique access to care challenges, which is the norm in our area. Even health care professionals don't know that these programs exist, so how can a patient know and understand the options that they have available to them?

To get travel—our patients in the north are unable to self-refer. They have to go through the nursing station to get to our program and through several different means to try to get out to even just get a consult to hear what kind of options we have available.

The next page has a series of cross-cultural barriers, which I've also placed on the flowchart just to give you an idea of which ones—

Mrs. Kathryn McGarry: It's awesome.

Ms. Amy Chamberlain: Thank you—of which ones really impact at each various level. Of course, each barrier has the potential to completely block or delay treatment and care during every encounter or process within the health care system.

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In particular, we're seeing major issues that stem from systemic and contextual barriers in our area, so this will be very important when we consider addressing issues in relation to sexual violence in the Sioux Lookout zone.

I've also included a case study that happened last year so you can have an idea as to what a typical case would look like. We're seeing, like the rest of Canada, that there's a delay in the reporting of the actual event to any kind of health care service. You can see that from the time they come to the nursing station and make the referral, we don't see them for another 26.5 hours.

When we look at why this is happening, we can see from this situation that there is a five-hour lapse in time because our sexual assault and domestic violence nurse assigned to the program was actually reassigned to the ER department. That created a little bit more of a lapse. But we're also looking at the travel time.

Ms. Glendene Schardt: Our program and why we are here today: We want to improve patient care. We want to address the systemic and contextual barriers affecting the care and treatment of patients coming from northern communities. We want to improve community resources available to patients in northern communities—awareness of options available, improved communication, better follow-up and safety planning, and supports in the community. I'll talk briefly. You've heard a lot about that today, that there is a lack of support at the community level.

Continue to build project initiatives which are based on participatory methods of inquiry and culturally responsive care. We certainly want the community to help with these projects. One of the ones that Brenda spoke to, PhotoVoice—we actually included a few of the pictures from that, where the community members are involved in this. We have to start at the community level if we want to help do prevention and stop these types of behaviours.

Ideas for northwestern Ontario that we came up with: We did prices. Our funding has no funding for any of this. There are radio shows, Facebook and social media. I worked in emerg the other night. We had four young teens from 11 to 14 who did a Facebook suicide pact. All four of them were flown out, all from different communities.

Lots of people and lots of our patients don't have phones. Follow-up is difficult for us. Amy did a grant and she received \$15,000 from Women's Xchange at Women's College Hospital. She's doing a project where she's going to get cellphones and minutes. When we have acute crises we have criteria that they will receive these phones so that we can phone them. A lot of them have to go to friends' houses or the nursing station and follow-up does get missed.

We want forensic bags. We do things with underwear. People come up with nothing. Soap, that kind of stuff.

Prevention programs for children in northern communities and Sioux Lookout: We want to get to the young children and do education that this is all wrong. In some communities we have to do a lot of research and work with the communities, whether they will let us come in and do education or if someone can come in, those types of things, because it is isn't always just open for all of that.

We want to do youth retreats. They had done them in the past. They went over very well. They did them with girls. We'd like to expand that to help with self-esteem, to be able to talk about their issues.

We want to do community partner education—nursing stations, police, child and family services, victim support. We had an advisory committee when we changed this program, so that has been very helpful. There is a community group and what the group was meant to be was that all the community members—because the one woman from Ah-shawah-bin said they didn't know what was out there. We can do resources. That was what the committee was meant to do, that we'd get together and say, "This is what you do."

People have funding. I did a fair; RBC was across from me. I said that we're getting into elder abuse. She said, "I have money to do some workshops for the finances for elders." Our gerontology group here said, "We have funding that we could help put it on." Ah-shawah-bin said, "We have some funding for it." So when we go to do it, once we find what the nursing model of elder abuse is—because our program is going to be involved in that; it's starting up the network in Toronto—and what it's going to look like, we can offer that.

And then once we get that up and running, we want to have a community and these people who have the funding to join and we can do a good workshop. We're looking at other places and groups for funding.

The next thing is staffing needs. We need accessible training opportunities for the nurses to give this care—pediatrics, elder abuse, trauma-informed care. We have one doctor who's trained for pediatrics. None of us

nurses are trained yet. If she's away, we have to send pediatric clients to Thunder Bay. Thunder Bay does not provide the pediatric clients with counselling; we do. We have four pediatric female counsellors in our program. Community counselling is out of the hospital. They have 14 counsellors. If patients come through ACT, they get instant counselling—there's no question. When we get a referral for an ACT patient, we phone community counselling and they can have them in counselling that day. We have dedicated ACT counsellors, which Ah-shawah-bin may not know. That's why we need to get this information out, because we have this.

So what happens? Our team gets all our information from IAFN. It's an international out of the States. Amy did a poster presentation. She went to Phoenix to present it. We have a Canadian forensic group. It isn't up and running. We have to get our SANE training out of the States. I believe it's \$800 each for the exam. There isn't a lot of funding that the hospital has for that.

Pediatrics: We need all 4.5 of us to be trained in pediatrics and in elder abuse—all of these things, and that means going away somewhere else.

Available human health resources: We certainly need more. We're working alone. It's really hard—I wouldn't have been able to come today if I had gone to Round Lake. So then these opportunities are being missed because of our resources. We need relationships with our community partners, and we need funding to meet our full capacity.

This is the camera that we take forensic pictures with. That's what we use.

It's Never Okay: According to the ACT program, the following points from the action plan will be especially important in helping address the unique challenges faced in the Sioux Lookout zone: more training for professionals; raising public awareness; more help and better supports for survivors in the community.

It's complicated. Their supports—a lot of times the NADAP worker and the mental health worker could be the perpetrators; the brothers, sisters, family members. There is a lack of training. So a position is filled. They need to get it filled. They have the funding. There isn't formal training. They're not trained to be social workers, so people have issues. Then it's safety: "We want to get out of the community. We trust someone else. We're not looking at the perpetrator's brother"—

The Chair (Ms. Daiene Vernile): I should tell you that you have one minute left in your presentation.

Ms. Glendene Schardt: Leadership and accountability: We want joint working groups on violence against aboriginal women and in things like the national inquiry and in groups like this, so we can get the message across to give better care.

We'd like to thank you for having us here to speak about our issues, and we are happy to be included in this.

The Chair (Ms. Daiene Vernile): We thank you for making this presentation. Our first question for you will be from MPP Anderson.

Mr. Granville Anderson: Thank you very much for coming. A very excellent presentation. I can see the

passion you put into this. I was able to follow it page by page in a few minutes. It was very detailed and well put together. So thank you, and I'm sure the committee will find this information very helpful.

Ms. Glendene Schardt: Thank you.

Mr. Granville Anderson: Could you elaborate a bit on the ACT program? You did say that there are only four nurses who have training. Why are there only four, and could you tell us what type of training you got and how the training was provided? It's a two-part question. Do you know if this program is available in other hospitals or in other communities at the moment?

Ms. Glendene Schardt: Yes. There are 34 sexual assault—

Ms. Amy Chamberlain: Thirty-five.

Ms. Glendene Schardt: —35 across the province: Thunder Bay, Dryden, Kenora, ourselves and then southern Ontario.

The training consists—we do an online portion and we have to go through—what's the word I'm looking for?

Ms. Amy Chamberlain: It's online modules.

Ms. Glendene Schardt: Modules. It's modules, and then we do the testing. Once you've finished your modules, we go to Toronto in October and we do in-class training for a week. Then you have to go on to the IAFN, and after you've been an ACT nurse for a year, then you can write the SANE training, and there's a SANE examiner, which we are. Then there's pediatrics. They go in different levels. Unfortunately, that's all through the States, not through Canada. That's the training portion. We get trained on the kits and we help each other.

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Why there are only four of us—that is what the funding is for. There was only funding for four nurses to be trained—well, 4.5. It's really hard in Sioux Lookout to get part-time people to come and stay and work just part-time. So we've been running with four of us. That's why we work 12-hour shifts. It's 24 hours. There's someone there days and there's someone there nights. When we go on vacation, the rest of the group have agreed that we will fill in for each other, so if someone wants a day off, we give up our days off and we fill in and do that.

Ms. Amy Chamberlain: I'll just add to that really quickly: For the training portion of that, for us here, we don't have the number of cases to keep our competencies up if we're training new people. Part of what that is, is to be able to do this on your own, you have to be able to complete two sexual assault kits and a domestic violence. For us, that could take months before we have all three—and on the shifts when you're training someone else. So it does take a longer period of time. That's why we ended up going to Toronto to do the kits, because they average about one a day. It took about a week for all of us to go down and get our training to be able to do this here. But it's a lot more difficult to have it done all in Sioux Lookout, and we're finding that with everything. All of the training is available in major cities. It's Toronto, Vancouver, Ottawa. It's really difficult when we're struggling with funds already for our hospital to fund all of us to go down to all of these places to get all that training.

Mr. Granville Anderson: Is there more time?

The Chair (Ms. Daiene Vernile): Unfortunately, I'm trying to stay on schedule for everyone. Maybe you can chat afterward, if that's okay.

Our next question for you is going to come from MPP Scott.

Ms. Laurie Scott: Thank you very much. MPP Granville asked about the training. I just wondered: Going to the bigger centres, do you find it easier to do that because they have more, I guess—when you do your consolidations, it's easier for you to go to Toronto. Is that what you were saying?

Ms. Amy Chamberlain: Yes. At this point, that's what we have available.

Ms. Laurie Scott: Does it make sense for the training to come up here if it's an issue of money? What is it?

Ms. Amy Chamberlain: It could, but then again, if we're doing the hands-on portion of the training, the cases would be in the major cities.

Ms. Laurie Scott: So you need separate funding. The hospital needs to get the funding for the training.

Ms. Glendene Schardt: It would be helpful, yes.

Ms. Amy Chamberlain: Yes.

Ms. Laurie Scott: That's basically how it flows. So you're saying: more funding so that more nurses—how many nurses are in your hospital? How big is your hospital?

Ms. Glendene Schardt: We have 72 RNs.

Ms. Laurie Scott: So in a practical sense, how many would you like to see trained, and are they willing to be trained? Do you have the numbers of those willing?

Ms. Amy Chamberlain: I'm not really sure—

Ms. Glendene Schardt: That would be something that we'd have to see. How many nurses would be trained to do it casually? Again, it's very difficult because all of the nurses we have work full-time. We don't have a casual pool.

Ms. Laurie Scott: But in those settings, you really need cross-training, right, because you have to cover.

Ms. Amy Chamberlain: Yes.

Ms. Glendene Schardt: Yes.

Ms. Laurie Scott: So is there an appetite for cross-training of nurses in different—

Ms. Glendene Schardt: Yes.

Ms. Amy Chamberlain: Absolutely. Absolutely, there is.

Ms. Laurie Scott: So again it goes to a funding issue.

Ms. Amy Chamberlain: It's a funding issue; absolutely.

Ms. Laurie Scott: Right. My other quick question, because I know we have time limits on questions—excellent answers. You guys made an outstanding presentation. I was a nurse in my other life before I came in—outstanding presentation for all of us to follow.

When you say that health care providers don't know what programs are going on, so how can the victims—I think I've asked this in different ways all morning: How in the heck are we getting the message out there then? What is it that we're not doing? If they can form a

suicide pact on Facebook, what is it we're not doing for prevention?

Ms. Glendene Schardt: One of the things we'd like to do is get a Facebook page and do it so that, "This is what we do." We have an article in the SOS magazine that the kids get. It's out of Alberta. It comes out four times a year. Amy did a beautiful article for our program. It's to get the message out. We try to do in-services with the nurses going up north to say, "We're here. Here are resources for you." We're trying really hard. We want to take it a step further, to physically get out there and do this, but again, because we work alone and other things, it's not happening. And funding—it's expensive.

Ms. Laurie Scott: For sure—and can I do one quickly? Self-referrals: Would that work, because if they don't know the programs exist in the nursing station—is self-referral really going to work?

Ms. Glendene Schardt: No.

Ms. Amy Chamberlain: No. I think the point I was bringing up with that is just that for someone in, say, southern Ontario, someone who lived in Toronto, who knew the programs existed, they would be able to walk right into Women's College Hospital and say, "Hey, I've been sexually assaulted. I want to see the nurse who is dedicated to this."

We have to use different ways of doing that. They've got to go to the nursing station, tell the nurse at that nursing station, have the courage to go to the nursing station and say, "This is what happened," and then the nursing station nurse has to tell the doctor. Then the doctor and the nurse have to contact non-insured; the non-insured has to book their flight. Then they've got to come see us and tell their entire story all over again.

So it's just the self-referral part that—it's the power and control that are taken away because of the system that we have in place.

Ms. Glendene Schardt: And patients are getting weathered. We had a case; she was weathered for four days and said, "Enough." She went home, she showered, and couldn't get out. That's happening also. It's the logistics of—

The Chair (Ms. Daiene Vernile): Thank you very much. Final questions from our NDP caucus.

Ms. Peggy Sattler: Thank you so much for such a rich and detailed presentation. I was really impressed by the flow chart and the use of icons to categorize the barriers that women, and men, I guess, experience when they are reporting. I think that's very helpful.

The flow chart obviously describes the current state. I'm astonished at what you are able to do while you're juggling all of your other responsibilities in the hospital or in the health centre. Have you been able to map out a future state that would have a flow chart that would be more patient-centred, that would get the victim to supports more quickly and more appropriately?

Ms. Glendene Schardt: I don't see how the present system would change when they have to go through non-insured. There is no different system available for northern patients.

Ms. Peggy Sattler: So this flow chart is the reality?

Ms. Glendene Schardt: That is our reality for many years.

Ms. Peggy Sattler: And there's nothing that can be done about it?

Ms. Glendene Schardt: Unless the federal level, with the feds, intend to do non-insured differently. They are supposed to use us as resources so that we can medevac. That means at 2 o'clock in the morning, they may be sending a medevac plane in to get these patients out sooner. But again, weather dictates it; there's nothing you can do about the weather. It's tricky.

That really is the presentation. Amy has a huge poster that she did in Phoenix. That was part of her poster presentation.

Ms. Peggy Sattler: Were there recommendations attached in the poster?

Ms. Amy Chamberlain: It's more about getting it out there that these issues are systemic issues. They're not issues that we can readily change. Getting those flights more available or in a more timely manner: That's out of our control, right? They stem from very deeply rooted and federal government pieces. But I think the recommendations going forward would be to really listen to what the community needs, having community-based initiatives and going from there with what you can—and listening to the community members.

The Chair (Ms. Daiene Vernile): I thank you both very much. We really appreciate your information.

Ms. Glendene Schardt: Thank you for having us. And we're nurses; we could talk for a week.

The Chair (Ms. Daiene Vernile): It's important work that you're doing. You may join our audience, if you wish, to listen to our final presenters this afternoon.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

ONTARIO NETWORK OF SEXUAL ASSAULT/DOMESTIC VIOLENCE TREATMENT CENTRES

The Chair (Ms. Daiene Vernile): I will call forward now our next presenters: Registered Nurses' Association of Ontario—Ontario sexual assault/domestic violence network. You will have up to 20 minutes, if you need it, to speak to our committee. Our committee will then follow up with questions for you. Please start by stating your name, and begin any time.

Ms. Kathleen Fitzgerald: Good afternoon. My name is Kathleen Fitzgerald. I'm presenting today on behalf of the Registered Nurses' Association of Ontario, as well as part of the Ontario sexual assault/domestic violence centre, of which I am a member.

RNAO, just so you know, is the professional association for registered nurses, nurse practitioners and nursing students who practise in all roles and sectors across Ontario. RNAO's mandate is to advocate for healthy public policy and for the role of the nurse in enhancing the health of Ontarians.

1300

RNAO appreciates this opportunity to be at this committee, and we know that you're looking for ways to prevent and improve the response to Ontarians who have experienced sexual violence and harassment. RNAO has a comprehensive submission that they are making. Today, I'm just going to kind of give some view to those remarks that they're doing and try to put a regional slant to these, since this is where I am living and working.

I have been a sexual assault nurse for over 25 years at this point, throughout various locations in Canada, starting in Ontario, all throughout the Northwest Territories and Manitoba and then back here in Ontario. For the last 15 years, I've been managing the Sexual Assault/Partner Abuse/SafeKids Program at the Lake of the Woods District Hospital in Kenora. This program was one of the first ones in the northwest to exist after the Toronto and southern Ontario programs. We have literally helped, nurtured and supported the other programs throughout the region as they've come on, including Sioux Lookout's, over the years.

As you've heard, our catchment area is quite huge—geographically, the size of France. Many of our programs serve as an expert resource to health, social and law enforcement colleagues around the region, including the many First Nations communities, as the example of the Sioux Lookout program has outlined.

We congratulate the government of Ontario for all the work that they're doing to champion *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment* that was recently released. I want to speak to one specific commitment in the action plan, number 7, which is to "strengthen supports provided by hospital-based sexual and domestic violence treatment centres to maintain 24/7 access to excellent, appropriate and timely care."

Our programs are hospital-based. They were funded by the Ministry of Health and Long-Term Care. You've heard that there are 35 of the programs and four throughout this northwest region. They were originally established and monitored under the priority programs, and that was done to ensure that there were standardized services and financial stability. Since 2004, when the programs were transferred to the regional offices and then to the LHINs, as budgets from hospitals have become increasingly more challenged by the need to balance, our programs have been experiencing deep cuts. Most of our cuts have occurred in the education and outreach that we provide and the follow-up services such as counselling, as well as nursing positions being decimated.

It's really important that you see that this current situation of access to 24/7 care is not a reality at all of these sites. It is certainly not always the reality here in the northwest, as my colleagues from Sioux Lookout just pointed out to you most effectively, I believe.

The programs provide acute health care services, forensic services, emotional support, counselling, crisis intervention, mental health assessments where we can, follow-up care and sexual health education. We have also

been part of research on a provincial level, as well as doing outreach with community partners. Part of that education also has involved the education of professionals, health care providers, justice, law, as well as the general public.

Given the complexity of the clinical situation and the multitude of skills and knowledge that are required to provide this highly specialized service and education, the training of these individuals is paramount upon their hiring and throughout their role. It's important because the skills need to be updated so that best practices are being used; the knowledge, based on emerging research, is current; and forensic evidence is sound, to ensure that it's properly admissible in a court of law and that we can avoid errors and adverse events.

I know that when I first started, over 30 years ago, there was no evidence kit. It has grown to that, and the use of that, to aid the victim in the law system. These kits are just undergoing another change, but this change is heavily influenced by what the nurses from the network are saying. The forensic labs are working with us, whereas 30 years ago, it wasn't the case.

We know that the victims want client-centred care that includes non-judgmental, sensitive, compassionate, empowering, one-on-one care, such as what can be provided by the sexual assault nurse and examiner. Our network has developed evidence-based standards of care that have set the bar in this specialized area, recognizing the clinical, organization, program, education and outreach standards that need to be met.

Health services that are provided through emergency departments have been known to cause revictimization and further trauma to a client due to sexism, insensitivity, judgmental attitudes, victim-blaming, to name just a few things. That is like a second rape, all over again.

The Ontario Hospital Association has worked with our network to update the hospital guidelines for treatment of persons who have been sexually assaulted, as a way to help the emergency departments further standardize the care that's provided and create collaboration with our programs.

Just to illustrate an example that I am very much aware of—prior to the latest guidelines coming out, we had an ER doc in one of our smaller communities, in an emergency department, refuse to allow an evidence kit to be collected, because he did not believe the victim. This is the reality that sometimes still happens. I applaud the RN in that emergency department and the police officer present at the time, who were so absolutely outraged that they advocated for that victim and got in touch with me in Kenora. We made arrangements to drive that individual, with supports, for three hours in to my program so that we could provide care. My understanding is the officer volunteered to do the driving, because he technically could not do it in his capacity.

We don't have transportation mechanisms to collaborate with other emergency departments in communities. Here in the north, the transportation isn't a taxi drive—and a taxi ride may be over \$500 and not always avail-

able. None of our programs or the hospitals have the funds to do that transportation aspect. None of us have the funds for flights, as you've so eloquently heard from my colleagues here in Sioux Lookout—which is the reality for this region.

1310

From the research, we know that SANEs were implemented to provide superior and specialized care that gives all the right kind of supports and forensic evidence collection, not only for sexual violence but for domestic violence as well. We have lots of research evidence that has consistently documented that SANEs, once they're in an area, do provide a higher quality of care for the victims that often does lead to better outcomes. It reduces wait times. It gets them accessing health services so that their needs are being met—and better photo documentation for the courts for that case.

We know that sexual assault does not happen in isolation, and survivors need support from a variety of community partners. SANEs are better able to give additional information and support to clients and refer people to additional services, simply because we have the ability and a mandate to develop relationships with community partners such as the rape crisis centre, the community counselling services, schools, definitely the police, and the courts, to ensure, in as seamless a manner as we can, that people are given what's available and receiving the care and ongoing supports.

A key barrier to the SANEs is this 24/7 basis to do with staffing. A majority of the SANEs work on an on-call basis. My own team, in which there are 10 RNs and RPNs, is mainly on call. We may have centres that have higher volumes, and they certainly are able to have full-time staff on, or even part-time, but for most of us, the reality is on-call. It makes it very difficult to recruit and retain nurses, because the on-call rate is only \$3.30 an hour for just being on call.

If a nurse is called in to see a survivor, she will receive her current rate of pay at time and a half, as per the ONA contract. It's a minimum of four hours. Sometimes you're there with the person for six or more, but you are paid for that time.

But again, that really is dependent on volumes, which are very unpredictable. In order to meet the basic needs, the nurses in these programs work elsewhere, outside, in other departments in a hospital and other departments within the community. They have a difficult choice: to choose between working a hospital shift, where they may get \$31.02 an hour for 12 hours, compared to a total of \$26.40 for an eight-hour on-call. On-call scheduling often causes large gaps when no service is available in a timely manner, simply because there is nobody to do it. Not having access to specialized care is literally poor-quality care for victims and survivors.

Just to further outline this, often the team coordinators or managers, such as myself, are picking up the slack. Some of us work an additional eight to 100 hours per month to fill blanks on a schedule, and this is on top of our managerial roles. I not only manage, in Kenora, this

program; I have four other programs. They're small, but I manage those as well. It's unacceptable, unfair and dangerous to demand that one person take on the job of over three people. Despite coordinators' attempts, sometimes the clients are still asked to wait unreasonably long hours until the next SANE is available.

In the south, where there are more programs, they may be able to literally redirect them to another program across town. We don't have that luxury here in the northwest at all. The victim has to wait, no matter what, because there is no funding. I can't refer someone up here to Sioux Lookout—no funding; no public transportation.

I can tell you from experience that on-call work is precarious. It can be toxic. It's often associated with burnout, job dissatisfaction, depression, exhaustion, stress, and mental health concerns and issues. Your own quality of sleep becomes decreased. I've been on call for over 30 years, working in the north as well as these programs. God help me when I get to retire and I don't have to be pinned to a pager or a cellphone. I'm looking forward to that day. Being on call takes a toll on a nurse's overall happiness and personal and family life, and reduces their quality of life.

With the ill health effects, along with the additional high prevalence of burnout, compassion fatigue, precarious trauma and secondary trauma that these nurses experience, it's very unfortunate, unfair and short-sighted to expect highly-qualified professionals to jeopardize their health and well-being to provide what we know is needed. The way the system works, it really impedes the ability of a SANE to provide the high-quality care that survivors need and contributes to the attrition of valuable health human resources.

Long-term effects can include depression, anxiety, post-traumatic stress disorder, personality disorders, addiction—that's a huge issue in this area—aggression, delinquency, poor social skills, academic performance issues and relationship problems. There is just so much that the survivor is trying to deal with on an ongoing basis. Getting them through the initial crisis is one thing, but the long-term effects, like I've just outlined, are sometimes instrumental barriers for the individual.

Follow-up services to help prevent, support and treat the effects that the survivor endures as a result include sexual-reproductive health, mental health, emotional health, dealing with the police, the judicial system and the challenges with referrals to community services, social services, mental health providers, shelters, community housing and community supports. No one health provider offers the clients all of these services, resulting in multiple providers being involved, and sometimes there is a fragment in the care that costs the system more.

The Chair (Ms. Daiene Vernile): You have one minute left in your presentation. Thank you.

Ms. Kathleen Fitzgerald: Okay. Basically, no one deserves to be sexually assaulted or harassed, and the services that are provided through our programs are imperative to their care and recovery. Unless there is

sustainable funding to address the staffing needs of the SANes at our centres, it's going to be more and more challenging to meet the consistent care standards in Ontario that we have set and that are also influenced by the international standards.

We also have to make sure that we have ongoing training and education, and I think my colleagues outlined the challenge with that. I cannot reinforce that as much as they've already done. That is a major barrier for the education for the nurses in this area alone.

On behalf of the Registered Nurses' Association of Ontario and the programs here in the northwest, I thank you again for the opportunity. I am delighted to respond to any questions.

1320

The Chair (Ms. Daiene Vernile): Thank you, Ms. Fitzgerald. Your first questions will come from MPP Scott.

Ms. Laurie Scott: Thank you very much for appearing here today. Thank you for your dedication to the nursing profession because, as you've stated in the paper, lots of times you go above and beyond the hours that are actually clocked on your paycheque. That's very evident when you get to these communities with less resources. When the SANE program has come: Do you see or are there other examples in the province, because you've worked different areas, where that funding could be different?

Hospital budgets are frozen. I think northern Ontario has to be looked at differently because there are not a lot of community resources to fill in the changes that are occurring in health care delivery. What's the working relationship with the hospital in applying for money differently? Have you seen it done in other areas? Can you expand anything on that just to give us a little bit of a hint of how to help you?

Ms. Kathleen Fitzgerald: One of the things is, when the programs were initially established over the years, like my own in Kenora, we were a priority program and the hospital had to accept, "That was that amount of money; that's the program," and they couldn't touch it. I could provide community outreach and education to send nurses to workshops out of town, because there's nothing. I could more easily link with a hospital three hours down the line to help strengthen their nursing department, ER and how they respond.

Since that has gone out of protection, the hospitals, in all their wisdom, see, "Okay, that's a pool of money. We're not doing education at all for staff, or only if it's local, where it's minimum cost." That meant the same with us. So that education money is literally gone, and it's lost in the overall hospital budget.

Being able to have secured, protected funding for what we do that includes sufficient funds to do the education, recognizing that education alone for the staff is predominantly out of town: It would be a very welcome change so that it doesn't get eroded.

Ms. Laurie Scott: That's a fair enough ask. Okay.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions for you are from MPP Sattler.

Ms. Peggy Sattler: Thank you so much for your presentation. When you began, you mentioned that you were going to be speaking from a regional perspective. I just want to make sure that I understand clearly. The issues around SANes and the on-call basis of staffing: Is that a specific regional issue or is that common across all 35 programs?

Ms. Kathleen Fitzgerald: The provincial programs, 35 of them, have different components of how they've set it up that are unique to that community and the needs there. But a majority of us are on on-call basis or a combination of someone dedicated Monday to Friday during the day who would see you if there are any cases and on call for the rest of the hours, like evening and night. It's a variety.

Ms. Peggy Sattler: Even in the larger urban centres?

Ms. Kathleen Fitzgerald: Even in the larger urban centres, they run it on an on-call basis, often overnight.

Ms. Peggy Sattler: Okay. So this is not a unique northwestern Ontario issue. This is a provincial challenge.

Ms. Kathleen Fitzgerald: It is a provincial challenge, but what makes it unique for us here in the north is that we don't have the same pool of numbers of registered nurses who are available. To be able to live, they need to have another full-time job or another part-time job that they can make fit with on-call. When you have a very small pool of people, you end up wearing many, many hats, and it makes it very hard. You don't necessarily retain them. I'm an oddity. I've been doing it for over 30 years. I am an oddity, and I admit to it.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you today are from MPP McGarry.

Mrs. Kathryn McGarry: Thank you very much, and bless you for being an oddity. I relate. I am also a nurse and have walked in your shoes for many, many years in other capacities. One of the reasons I didn't take a proffered on-call sexual assault nurse specialist was because it was on-call and I couldn't provide for my family, so I went to other areas. I understand precisely the kinds of issues that are being faced in such a large geographical area.

I know you've thought about this a lot, so I'll put it to you again—I think I know what your answer is going to be. In order to provide better care for those victims here in the north, and longer care, your number one priority to accomplish that would be what?

Ms. Kathleen Fitzgerald: Being able to have the right resources, the nursing from the health care point of view for that first entry point to the system and having the teams in areas where we can most utilize them, but also having the skill not only to provide the care but there is a real skill to literally be on the phone to a nurse in a nursing station at a fly-in—the weather is down. She has an evidence kit but she has never done one before, and it is an art to talk someone through what you need to do. I've learned that not through any education but by

experience—the seat of my pants. Being that other nurse on the other end of the line, not knowing what I'm doing but now I'm that nurse calling through and giving expert advice and direction—but here in the north we don't always have that kind of experience set up to educate the SANes on how to do things from a distance.

Mrs. Kathryn McGarry: So your training and education component would be part of it, and funding you've mentioned over and over, which I think is probably very helpful.

Training and education: Is it for nursing staff, or what other parts of this multi-disciplinary team that is necessary to assist survivors? Who else would be a priority to receive more training and education?

Ms. Kathleen Fitzgerald: Counselling and the services of the counsellors who are trained in how to work with sexual assault victims, and trauma-informed care. Both the nurse and the counsellor have to be skilled in that, and that is something that is kind of lacking. I've taken it on my own to learn about that so that I've developed, and I'm sharing that with my team, but that's an initiative we've done. Not all counsellors in our

services in the region have trauma-informed care, and that's something that needs to be expanded.

Mrs. Kathryn McGarry: And I think I heard that from your previous presenters—

Ms. Kathleen Fitzgerald: Yes. From the shelter, Tana.

Mrs. Kathryn McGarry: So that would make a drop in the bucket, then, to train more nurses along those lines for the north?

Ms. Kathleen Fitzgerald: Yes.

The Chair (Ms. Daiene Vernile): Okay. Thank you very much. We appreciate you coming and speaking before our committee today.

That concludes our public hearings for the Select Committee on Sexual Violence and Harassment at the Nishnawbe-Gamik Friendship Centre in Sioux Lookout.

We will reconvene next Wednesday, April 16, at 4 p.m.

Interjection: Fifteenth.

The Chair (Ms. Daiene Vernile): Fifteenth? The Clerk knows—at the Ontario Legislature. We stand adjourned.

The committee adjourned at 1328.

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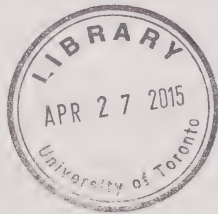
Mercredi 15 avril 2015

Select Committee on Sexual Violence and Harassment

Strategy on sexual violence
and harassment

Comité spécial de la violence et du harcèlement à caractère sexuel

Stratégie de lutte contre
la violence et le harcèlement
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SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

COMITÉ SPÉCIAL DE LA VIOLENCE ET DU HARCÈLEMENT À CARACTÈRE SEXUEL

Wednesday 15 April 2015

Mercredi 15 avril 2015

The committee met at 1600 in committee room 1.

STRATEGY ON SEXUAL VIOLENCE AND HARASSMENT

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. The Select Committee on Sexual Violence and Harassment will now come to order. I would like to welcome our presenters who are with us here today, and to thank you for all coming—half an hour early, I understand, each of you. Also, welcome to any guests who are here to see and hear the work of this committee.

Let me share the mandate with you as we begin. We are here to listen to the experiences of survivors, front-line workers, advocates and experts on the issue of sexual violence and harassment. You are going to inform us on how to shift social norms and barriers that are preventing people from coming forward to report abuses. Your advice is going to guide us as we make recommendations to the Ontario government on dealing with systemic sexual violence and harassment.

However, I do want to stress that we do not have the power or the authority to investigate individual cases. That is better left to the legal authorities.

HOPE 24/7

The Chair (Ms. Daiene Vernile): So we welcome you, and I would like to invite Laura Zilney to be our first presenter and to come forward. Laura, you're going to have up to 15 minutes to address our committee, and that will be followed by questions by our committee. Start by stating your name, and begin any time.

Ms. Laura Zilney: Thank you very much for having me. My name is Laura Zilney. I am chief executive officer at Hope 24/7.

I prepared a short presentation. I'm not going to read it as we go, but the purpose I am here for is twofold. One is to share with you a proposal that I put forward and have been working on for a couple years for a provincial sexual violence line; the second is to share with you our consent education that we provide in elementary and high schools across the region, called Our Youth Our Future.

But in order to share with you why we think that Hope 24/7 would be a great service provider to run a provincial line, I included some information about the agency. We

are one of the 41 designated sexual assault centres for the province of Ontario. The Ministry of the Attorney General designates these centres. We are both a not-for-profit and a charity, and we've been operational since 1993, serving clients since 1995.

We're a very unique SAC—which is short for “sexual assault centre”—in that we're the only ones in the province who operate under the model of a professional psychotherapy practice. We're the only SAC in the province that has purely regulated health professionals dealing with clients. This is important, and I'll touch base on why it's important in a couple of minutes.

We're also the only SAC in the country that offers an online crisis chat. We implemented this chat in September 2013 in order to reach the 24-and-under crowd. We know that youth—and we broadly define youth as under 24—are at a substantially increased risk of sexual violence, and we also know they don't like to talk on the phone. We had to come up with a different medium in order to reach them, so we introduced the online chat.

We're also the only SAC to provide access to regulated health professionals outside of traditional office hours, and we're going to become an accredited community health service agency. Our site visit is next week, so we're really excited about that.

But to discuss why it's so important to have sexual assault centres: Sexual violence is really systemic and epidemic in this country. There are over 1,400 sexual assaults a day in Canada.

I represent Peel region. Peel is the most diverse region in Ontario and one of the most diverse regions in the country. Overlay that with cultural issues related to our three prominent ethnic groups—which are South Asian, broadly defined; black, both Caribbean and African; and Chinese—and there are some other additional cultural issues that come into play in such a community.

We also know that the vast majority of survivors are set up for failure in their lives. They'll be repeat victims, and more often than not they're going to know the perpetrator. It's going to be a dad, an uncle, a teacher, a coach, a mom, an aunt—that type of thing.

What's worse is that the incidence of mental health issues is substantial among survivors. What we see predominantly is post-traumatic stress disorder, depression, anxiety and pain that doesn't have an organic basis but is because of all the psychological distress; it translates into

abdominal pain, back pain, bad headaches and chest pains. We often have individuals who will go to hospitals frequently for unexplained pain, and there's no cause to it outside of needing to get some assistance.

We also know that they're likely to suffer from alcohol- and drug-related problems, and there's a perfectly good reason for this: It's learning to self-medicate to try to balance yourself so you can get through the day and function, so you can go to work. But all of these problems kind of accumulate and add together to create serious mental health issues for survivors of sexual violence. We also know that very, very few go to the police.

Flipping to slide 6, I had been working on proposing a sexual violence line when I came into my role going on three years ago because I learned that of the 41 SACs, 31 offer crisis lines. All of these outside of Hope 24/7 are staffed predominantly by volunteers. The problem with that is when you have somebody with a significant mental health issue or diagnosis, like post-traumatic stress disorder, it's very challenging to try to deal with them when you don't have the professional skills or the background to do so. The results can be catastrophic, up to and including suicide. So it's significant.

Moreover, there's not full coverage across the entire province, which leaves geographically isolated communities, reserves etc. without access to professional care, which then can exacerbate problems even more.

The model of our agency is the model that I proposed when I met with the Premier's staff and the staff from her executive committee. It's the same model we use in our regular operations, and that is that only regulated staff will have access to clients. We use psychological assessments. We assess all clients for suicide and risk of homicide. We do many mental status exams on them. Those are for our phone-in/chat clients. We do substantially more psychological assessments on individuals who access our in-person services.

I'll give you an example of the reason why it's so important to have trained professionals dealing with clients on a line and to have a line that's across the entire province: We have a partnership agreement with William Osler Health System, and one of the hospitals that they represent is Brampton Civic Hospital. We've partnered with their in-patient units, both their adolescent and adult units, and we'll have individuals discharged into the care of the agency, individuals who are actively suicidal. Because we have staff that are trained—they have graduate-level training, they have additional training, they're certified through the colleges—we're able to do that type of work in real time, de-escalate the crisis and avoid their having to go to the hospital over and over, which is very traumatic and very disruptive in somebody's life. So the same type of model would apply.

Because we have staff that are regulated, because we have a 1-800 number and a chat, we do currently get contacts from across the province, the country and the world, and we're able to send them to the appropriate in-person provider in their geographic location.

As part of our treatment, we also do things like standardized follow-up after four weeks, resiliency plans,

these types of things. We also offer therapeutic groups and workshops.

Because Hope 24/7 only does two things, we do them both really well. The second one is prevention and outreach, and that's predominantly through the Our Youth Our Future program, where we tap into elementary and high schools and offer a program on consent and sexual violence.

We know—and it's one of the primary reasons why you're here—that the economic costs for sexual violence are astronomical across the country, and it touches every area. It touches health; it touches social services; it touches criminal justice. There's a lot of money and resources spent to deal with the after-effects of it. We know that in Ontario, over \$100 million is spent on victims' services. Of that, about \$13 million goes to sexual assault survivors and services for them. It's a small piece, but we could save a substantial sum of money if we had a coordinated, consolidated line, again staffed by trained professionals who know what to look for, who know what to assess for, who can de-escalate and move a client forward in under 30 minutes, which is the model that we use.

I've attached the business case that I've shared with the various agencies and ministries that I've met with over the course of the last eight or so months for further information. Flipping to slide 8, it would be the same type of model. We're a trauma treatment centre. It's immediate care that would be provided to individuals. So they would call whenever or text us whenever. We also have the capacity to do a video connect, so for individuals in hard-to-serve or remote communities, like fly-in reserves, they could connect with an actual professional in real time and speak with them. Also, certain cultural groups don't want to talk on the phone or text; they are more comfortable when they see an individual, can interact with them and read their reactions, so we have video capabilities that can scale up really quickly.

1610

We do the mental status exams. We do the immediate de-escalation. We have a multilingual staff. We also utilize and leverage the services already available across the province through the language interpreter program, so we are able to work with persons from all different backgrounds and ethnicities.

We've also partnered with triOS College. They are doing an app for us where you'll be able to contact emergency services through the app—not just 911, but also our 1-800 number. You'll be able to text through the app and it will GPS-ping your location. So if you want to physically walk into a location—and, let's say, you're in Kenora—it will ping you to the nearest mental health service provider where they have regulated staff. That's been a great partnership.

I'd like to say that we also do feedback and our client feedback has been consistently high. We have a 99% client satisfaction rate. Clients are surveyed after every interaction with the staff and we do not leave the client unless they are fully satisfied and have gotten the assistance that they need.

Shifting gears, I know that the government has been speaking about introducing consent education into the schools, and I just wanted to share with you the model that we use. We call the program Our Youth Our Future. It's based upon the Ministry of Children and Youth Services' Stepping Up framework. We assess for things like mental health disorders, substance abuse, incidents of STIs, social engagement etc., based upon that youth wellness framework. We do the assessment at the beginning and then at the end.

We've worked with our regional schools. We target at-risk schools, as defined by the Ministry of Education's criteria. We ask the superintendents of the catchment area to cherry pick the schools and then we work with the superintendents and principals to cherry pick the students. We want the hardest at-risk kids. These are CAS-involved children; kids that have been trafficked or are at risk of being trafficked; recent immigrants where language is a barrier and there's some concerns; or individuals who have already been assaulted, whether on school property or not. We put them through a 24-week program. The program is 12 weeks of content on things like consent, what is a relationship, and "How do I find my values when I identify as Canadian and mom and dad don't identify as Canadian?" We work through all of these issues.

Each week of content curriculum is followed by a week of operationalizing what they've learned. Some examples of things that we've done with these kids: We had a group of 12-year-old boys put together a rap on what respect means to them. They story-boarded it, rapped it and did a dance kind of routine. We did a music video and brought in a music producer to kind of mix it so it sounded really good.

We had a group of South Asian and Muslim teenage girls. They wrote up a public service announcement—we filmed it for them—on how you should not shame individuals who have been assaulted or have had their pictures taken unbeknownst to them and distributed around.

We had another group of young boys who were all survivors of sexual violence put into poetry and lyrics their experiences of being victimized and how they want to change that. And we had another group of girls do a dance routine. So it's very flexible and interactive, because we want to reach the children wherever they're at and that changes from school to school.

When we started the program, we came into it with less than 20 kids, and we're well over 320 children this year and are growing into another six more schools. Positive benefits across the board: Psychological distress has proven to have gone down and grade-point average, ironically, has gone up. So the average student has experienced a 7% increase in their grades as a result of participating in the program, and their attendance has increased.

The Chair (Ms. Daiene Vernile): Ms. Zilney, you have one minute left.

Ms. Laura Zilney: Okay. That means a much more positive outlook on life for them later on in terms of jobs and access to different services.

That is basically my presentation. I should just quickly mention we culminate our Our Youth Our Future program in a youth summit every May, which is sexual violence awareness month. This year's theme is the bystander effect. We have workshops, athletics and we've partnered with the city of Brampton to offer that.

So thank you very much.

The Chair (Ms. Daiene Vernile): Thank you. Our first set of questions for you comes from our opposition side.

Ms. Sylvia Jones: Thank you. I have a couple of questions. You mentioned with your 24/7 program that you would like it to be fully staffed with professionally trained—I've got "professionally trained professionals," but you get the idea. My question is, because you have the gamut where it could be a mental health issue primarily or it could be sexual assault immediacy, what are the designations that you're looking for when you're hiring for that 24/7?

Ms. Laura Zilney: They have to fall under one of the regulated colleges, so that's the College of Psychologists, the new College of Registered Psychotherapists, and the College of Social Workers. Those are generally the three that we target.

Ms. Sylvia Jones: Then are they sorted, depending on the primary or first issue that must be dealt with, to a mental health worker or to—

Ms. Laura Zilney: No. They're all trained. This is one of the reasons why the first thing out of the gate we conduct assessments for risk of suicide and homicide and we do a mini mental status exam. Because one of the ways that we operate—it would be totally unethical and immoral if we were to have a schizophrenic individual call, for instance, and we would try to de-escalate them and not deal with the schizophrenia if it's untreated. If it's treated, that's one thing, but somebody who is profoundly mentally ill doesn't have the ability to process the trauma when they're not stable. So we do those assessments in order to—if they're stable, we work with them, and if they're not, then we transition them to CMHA or CAMH.

Ms. Sylvia Jones: Is there any component within the continuum of helping someone where peer support is part of your model?

Ms. Laura Zilney: Yes. We do have a peer-to-peer program. We offer it in two of the three cities within Peel. The peer-to-peer model is not for clinical support. It's just if somebody wants to sit and touch base with somebody who's been through the experience that they've been through, and they have that shared understanding and they can just say, "You know what? I've had a really rough day."

Ms. Sylvia Jones: Okay. Do I have any time left?

The Chair (Ms. Daiene Vernile): You have one minute left.

Ms. Sylvia Jones: Okay. With your school program, you mentioned that you're targeting at-risk youth chosen by the principals and the superintendents. I've had some schools and some programs where they actually discour-

age that because it segregates children or young people who are already having issues. I'm wondering if you can comment on why you've chosen the specific model where you have a group of children or young people, but not everyone.

Ms. Laura Zilney: That's an excellent question and it's right down to the basic resources. We weren't able to expand into all schools so we had to do targeted schools. The superintendents identified certain schools as particularly challenging in terms of sexual violence occurring on the campus itself. Those are the schools that we targeted first.

We're finalizing the second year that we've been in the program. This is also the year where we've said, "Give us five to 10 kids who volunteer," so the student council, the debate club and the sports teams. We know that good kids tend to be good throughout, right? But if you've had some hiccups and you're in a bit of trouble, you tend to fall into that crowd and then the behaviour repeats. That's exactly to your point.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next set of questions for you is from MPP Sattler.

Ms. Peggy Sattler: Yes, thank you so much for the presentation. I'm interested in learning a bit more about the HR model that you use. You're the only SAC in Ontario to employ only regulated health professionals. Other SACs have, I guess, a variety of other counsellors and staff who deliver the programs. Do you have evaluations that show differences in the outcomes based on the kinds of staff who are delivering programs? I guess this is a very expensive model to use, and I'm just curious to know about some of the history and if there's any evaluation data associated with only using regulated health professionals.

Ms. Laura Zilney: It's actually not a more expensive model. Peel is one of the least funded SACs across the province on a per capita basis. I'm able to budget such that we can afford the staff. It just means sacrificing in other areas. For instance, we operate out of 1,000 square feet right now, moving to 2,200 square feet in a couple of weeks. We sacrificed space in order to deliver client services by regulated staff.

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In terms of outcomes, I couldn't tell you because the other SACs don't collect that. So we measure our outcomes—what I tell my staff is that I want to see lowered psychological distress and exceedingly high client satisfaction, and you haven't been successful unless you've done that. We won't exit you unless you're down to the mild range of psychological distress. That's how we track it, through psychological assessment measures and feedback, which is externally validated feedback. We didn't make this scale up. But we couldn't compare, because the other SACs don't track the outcomes of their clients. We follow them for four weeks, post-treatment-completion, as well, to make sure that they're on track to continuing with their resiliency plan and succeeding.

Ms. Peggy Sattler: Okay. The brochure that you have talks about the mix of fee-based services and the free

crisis services. What is the proportion of fee-based versus free crisis services that you have? Is that typical for all SACs in the province?

Ms. Laura Zilney: No. We started to charge fees for our—the break-off point is "mild" on the psychological assessment measures. Everybody comes in and they get a free intake. Then we base it upon both the psychological assessment measures and clinical judgment. We have an ethics framework that shifts those clients in the grey area.

Some 95% of our clients are crisis. Once we de-escalate the psychological distress, that 5% is pretty much all individuals who choose to stay with the agency going forward.

Ms. Peggy Sattler: Just that 5% would take up the fee-based services?

Ms. Laura Zilney: Yes. It's not a substantial portion.

Ms. Peggy Sattler: Do most SACs have that same mix of programs?

Ms. Laura Zilney: There's no coordination, no standard across the province.

Ms. Peggy Sattler: Okay, so every SAC in every community would have—

Ms. Laura Zilney: Does whatever they want.

Ms. Peggy Sattler: Oh, whatever they want. Okay.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you are from MPP McGarry.

Mrs. Kathryn McGarry: Thank you, Laura, for an excellent presentation. You've had a lot of experience in this field. I think what I'd like to gain from you is, amongst your practice, what are the best practices, in your experience, in preventing sexual violence and harassment in the first place?

Ms. Laura Zilney: It's education, and it starts young. We did a cut-off of 12 years, because anything under 12 requires a sub-specialty, or a skill set that's different. It really is catching them young and helping them understand what respect is. Diversity is another issue—helping them understand what's acceptable in Canada versus what was acceptable, perhaps, in the country of origin as well.

It comes down to education. Out of the over 300 that we work with, when we start the program—because we measure, "How much do you know? Do you know if this is an assault?"—they have no clue that what they're doing or have had done to them is assaultive behaviour. It permeates society with media and everything. So the education piece is really a fundamental component. It breaks the cycle, because we'll have kids in the program who then have their older siblings come to us, and their parents come to us, as clients. It helps to break that cycle. But we wouldn't have reached them without having them enter the educational program.

Mrs. Kathryn McGarry: Thank you. I would imagine that you're in support of the new sex ed curriculum that's going forward.

Ms. Laura Zilney: Yes.

Mrs. Kathryn McGarry: What prevents sexual assault victims from reporting?

Ms. Laura Zilney: I think there are a myriad of factors. One is shame and blaming. We hear a lot of feedback that the police are not receptive to certain things. The line of questioning that victims go through when they're giving a statement can be very degrading and humiliating. We've tried to partner with the police in order to train them up on what a trauma-informed perspective would be. But the shaming is one.

We're talking about individuals who have multiple challenges faced against them. They might have mental illnesses. They might be single parents. They might be working four jobs. When are you going to go? Are you going to take time off work? And then how are you going to pay your rent? If you're wealthy, are you really going to go and have everybody under the sun know what happened to you?

It's easier if you just bury it, but then it comes out in other ways. It comes out through anger. It comes out through hurting yourself, through substance misuse, that type of thing.

Mrs. Kathryn McGarry: Okay, thank you. What kind of reaction do you think there would be within the sexual assault centre community if all the crisis lines that are out there right now were to be amalgamated into the Hope 24/7 service?

Ms. Laura Zilney: I think there might be a little bit of pushback, because a lot of the SACs—this is my personal perspective—are operating in a model that's a couple of decades old. It's challenging to respond to individuals presenting with complex mental health issues if you don't have an understanding of what those mental health issues are, the neuro-biological basis of trauma, and you don't understand a trauma-informed perspective. It's challenging.

But the results are clear: We have a 100% success rate for our treatment completers. Their psychological distress is lower. They're back to work. They're not going to the hospital. They're not being committed to mental health units. So there is a model that works. It's not more expensive, but it requires individuals who have training in being able to implement it.

If there was above-board spending and the SACs could re-invest that money in in-person services, there would be minimal pushback, if any. But if it was cutting the funds that they spend on the line and pushing it into a consolidated line, then there will be pushback, because the funding hasn't increased in 10 years for sexual assault centres.

Mrs. Kathryn McGarry: Okay. Then, lastly, what suggestions do you have to improve the system to better target those and your specific high-risk groups that you've been talking about?

Ms. Laura Zilney: It's really having a collaborative partnership model. Different agencies get target different populations. So you have agencies serving severely and persistently mentally ill. You have agencies serving the homeless. You have agencies serving at-risk youth. Then you have the schools. The clients themselves—they don't cross agencies. So it's the agency's responsibility to be

the one that can navigate through the system and find those clients and target. It's those collaborative partnerships that are really required in order to get to the people that you need to get to.

Mrs. Kathryn McGarry: Okay. Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much. If you would like to join our audience, please do so. We thank you so much for coming and sharing your information with us today.

Ms. Laura Zilney: Thank you for your time. I appreciate it.

ONTARIO UNDERGRADUATE STUDENT ALLIANCE

The Chair (Ms. Daiene Vernile): Our next presenters are Steve Dolk and Ms. Heidi Nabert. I would ask that they—

Interjection.

The Chair (Ms. Daiene Vernile): Committee members, we are going to skip ahead to our 5 p.m. presenters, if they would be ready. I would ask Sean Madden and Danielle Pierre to come forward and to take a seat. You have 15 minutes to address our committee, and that will be followed by questions by our committee members. Please start by stating your names and begin anytime.

Mr. Sean Madden: Absolutely. Thank you, Madam Chair, and the rest of the committee. My name is Sean Madden, and I am the executive director with the Ontario Undergraduate Student Alliance, affectionately known as OUSA. We're an advocacy body representing nearly 140,000 undergraduate and professional students across seven university campuses.

Ms. Danielle Pierre: I am a research analyst at the Ontario Undergraduate Student Alliance. My name is Danielle Pierre. Thanks for having us today.

Mr. Sean Madden: Again, a big, big thank you. This committee is undertaking important work, and we appreciate the opportunity to present our thoughts to you today.

Sexual violence is a serious reality in our society, and touches nearly every citizen, whether in an acute way or through the immersion in cultural conditions that contribute to violence and hate.

The province's leadership in this area is an important step forward, and recognizes that this issue of sexual violence is broadly realized and often intersecting, again, whether talking about acute issues or those cultural factors that contribute to violence or those supports that survivors require.

Post-secondary campuses are sites of particular concern due to high rates of sexual violence and misconduct, as well as the vulnerability of student populations. However, campuses also offer a special opportunity in which to proactively address crisis and violence due to their positions as places where many youth are living, learning, eating, working and socializing.

Putting policies and initiatives in place at universities and colleges will shape not only the immediate experi-

ence of students, but will also be important to establishing cultures of mutual respect, consent and intervention that will leave lasting social impacts.

Stand-alone policies on sexual violence at our universities are important tools in addressing these issues. Some have questioned whether they are required or if sexual misconduct is already adequately addressed by student and staff codes of conduct. Quite simply, though, sexual violence, and the response to sexual violence, is very different from other misconduct on campuses.

Having a stand-alone policy and review process not only makes sense procedurally, as services and strategies can evolve quite quickly over time, but it sends a clear message to all students, especially survivors and complainants, that this is something that is taken seriously and for which there are clear institutional supports and processes.

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Ms. Danielle Pierre: We want to take the opportunity today to offer some suggestions for policy elements that should be considered. But first, I do just want to make a point about language. As we begin these complex discussions, it's important that we touch base and make sure we're all talking about the same thing. As policy-makers, defining our terms and naming violent incidents for what they are is about more than demonstrating our expertise; it is a signal to survivors that we have no desire to dilute their pain. It's a signal to the post-secondary sector that there are separate, although intersecting, issues we need to address. Lastly, it is a crucial step in dismantling cultural stigma surrounding sexual violence.

In the past, the province has offered a multi-faceted definition of sexual violence that we would like to remind you all of today. We define sexual violence as any violence, physical or psychological, carried out through sexual means or by targeting sexuality. This includes sexual abuse, sexual assault and rape, as well as forms of sexual harassment like stalking, voyeurism, and cyber-harassment. In this way, we are able to recognize the continuum of crisis that our students may experience, or may have already experienced, when they arrive at our university campuses. We ask that you keep this definition in mind as we go through our recommendations today.

Mr. Sean Madden: Today, as we mentioned, we are hoping to offer some suggestions about what a sexual violence and harassment policy on campuses might look like. While traditionally universities have had a fair amount of latitude to tailor these things to their unique needs—and that, of course, is something that is likely to continue in the future—we hope that the province, through this committee, takes a leadership role in defining a framework, at least, to work from or some important elements that should exist within campus policies around sexual violence and harassment.

Effective policies for university campuses must, of course, be grounded in the principle of compassion for survivors. This means recognizing their right to be treated with dignity and respect, to be in control of reporting and recourse, to be informed of all available support

resources, to be provided with academic accommodations, and to be supported in developing a safety plan going forward, as well as having the right to choose from an array of supports available.

Effective policies in that vein will be flexible and specific, in that they should outline a variety of reporting and recourse methods not only to allow any student or staff person who has experienced sexual violence to retain control in deciding which methods they are most comfortable with, but also to ensure that there are appropriate recourse methods in place to address a continuum of possible experiences.

Reporting and recourse options should include the ability to press charges under the Criminal Code of Canada or to file a complaint under any relevant campus codes of conduct, human rights, or employment policies with the full co-operation of the institution and the full control of the survivor or complainant. Standards of communication and confidentiality should be detailed for all stakeholders involved in this process, and the disclosure and resolution of reports of sexual violence should respect those standards of communication and confidentiality.

Policies should also include within their own body up-to-date listings of the campus and community support resources available. While these resources should be broadly advertised everywhere on campus, their inclusion in the policy itself facilitates easier access to comprehensive information. Often you only get one chance with a survivor or complainant to lay out all of their options and all of the steps, and it's important that that information be as broadly distributed as possible.

Ms. Danielle Pierre: It's important that policies lay out expectations for the training of university staff, in recognition of survivors' need to be assured that they'll receive quality support, no matter which member of the campus community they approach. Not everyone will be required to know everything—in fact, having certain individuals working case-management roles is a best practice in this area—but every person in a position of authority, trust or service should have resources allowing them to best support and refer survivors in the event of a disclosure. In this matter, there should be no wrong door for victims.

For those taking on case-management roles, they should be expected and equipped to support any individual in navigating their chosen avenues for recourse, as well as care. This will involve assisted referrals, a degree of advocacy and a knowledge of the options available to survivors. It's important that survivors feel believed and supported in their disclosure and that the handling of their case and care mitigates any procedural stress or ambiguity. There should also be a move to strive to minimize the need for survivors to retell their stories.

Lastly, effective policies will take proactive approaches in addressing issues of sexual violence. Students think that universities should also endeavour to address the cultural exacerbations of sexual violence through programming that recognizes the role each major stakeholder plays in keeping the campus community safe.

Developing a policy is an important place and time to think about how to best serve students and staff through the integration of services. While a survivor is often going to reach out to an on-campus authority first, it is rare that their care is limited to the campus environment. Integration with medical, mental health, and protective services in the community is necessary to ensure effective management of cases of sexual misconduct. Stand-alone and continuously renewed policies then force institutions to revisit their strategies and to remap important relationships and referral networks when necessary.

Mr. Sean Madden: While policies are important, they are only really a foundation for activities, of course. The province is uniquely positioned to help bring consistency to the efforts ahead by working with experts to produce information and strategies that could be utilized by smaller groups with limited resources.

Resources, both monetary and informational, should be made available to institutions to support educational efforts, programming and other initiatives that seek to address the systemic and social conditions contributing to sexual violence on university campuses. Students have traditionally been ineligible for these types of resources, which we feel ignores the critical role that they play in instigating cultural change and in providing support services to their peers.

Ms. Danielle Pierre: Student unions have an important role to play in establishing campus culture and social expectations. They are also often at the forefront of programming and processes around staff training, bystander intervention, and health and protective services. They offer important peer-to-peer and survivor services as well, recognizing that survivors prefer to seek peer support. But unfortunately, these initiatives take their toll on associations' financial and human resources, putting the quality of their service in constant jeopardy. The province should extend eligibility to student unions for any financial resources intended to support sexual violence prevention and response.

We really are at a turning point in how we view sexual violence societally. As social stigma is diminished, the demand for services can only increase. Student unions are currently making tremendous gains in their provision of peer-support services. We cannot risk losing this progress.

It would be prudent for the province to take a leadership position now and look to provide informational and training materials for volunteers and caretakers. This action would be particularly beneficial for smaller organizations within and outside of the post-secondary education sector hoping to increase their volume of service delivery without compromising quality or the health of their staff.

Mr. Sean Madden: Despite the challenges, we of course want to applaud the province for the indication that it will mandate student participation in the development and renewal of policies addressing sexual violence in the post-secondary sector. Most students felt disenfranchised by the approach taken by colleges and uni-

versities in the aftermath of the Star exposé on campus sexual violence. The province's commitment to student involvement will result in stronger policy and successful implementation of those policies.

This proposed legislation, as described in the Premier's action plan, is only the second time that Ontario has stepped in to ensure meaningful student representation on university committees, and, like the ancillary fee protocol before it, it sends a welcome signal that students' voices will be heard throughout the policy-making process. More than that, legislated involvement has been critical in protecting student interests in the past.

In conclusion, we again want to thank you for your important work on this issue and for taking the time to hear us today. We want to share our appreciation for recognizing the role of students in this work.

We now welcome any questions that the committee might have.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first questions for you are from MPP Sattler.

Ms. Peggy Sattler: Hi, Sean and Danielle. Thank you so much for coming today to share your thoughts and recommendations.

I had some questions about things you didn't mention. In the Premier's announcement, there was a reference to the collection and publication of data. I know that there are two sides to that about the value of collecting data. Did you have any comments to make on that aspect of the action plan?

Mr. Sean Madden: Yes, absolutely. I'm glad you mentioned that. There has been a ton of ambiguity about the real rates of sexual violence and harassment on campus, and a lot of that has to do with some process mechanisms that make students hesitant to engage with the process, but also, there's just been a lack of a collective effort. We understand the argument coming from the institutions that there are some public appearance problems with the collection and disclosure of this data, but we think that unless we fully understand the extent of the problem, we're never going to be able to comprehensively address it.

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There have been some institutional leaders with the courage and proactive approach to data collection and disclosure. I don't think it has very much hurt their reputation; in fact, it's probably the opposite. So we, as a small advocacy organization with limited access to data, would certainly welcome the enhanced collection, but more broadly, it's a problem that we need to get a better handle on.

Ms. Peggy Sattler: You mentioned that there have been some leading institutions that have been proactive on this. Do you know any specific institutions either in Ontario, in Canada or elsewhere that you would identify as leaders in the development of these kinds of policies?

Mr. Sean Madden: Yes. As far as leaders in the development of the policies go, Lakehead has a very, very strong policy and a strong policy process. As far as the collection and disclosure of data, Ryerson has been a

leader in that. They were specifically the ones I was thinking of when I was saying that some institutions have taken a leadership role, and I don't think it's really hurt their reputation.

Ms. Peggy Sattler: Okay. Final question: The Canadian Federation of Students has proposed the creation of a sexual violence unit within the Ministry of TCU to oversee what's going on with this campus initiative. Is that something that you would also support, or have you taken a position on that?

Mr. Sean Madden: We haven't really taken a position, so I can't speak too much for my board, but a lot of the things we highlighted in our address point to the need for coordination with regard to institutional resources, financial resources and data collection. Whatever process it takes on the ministerial side to accomplish that, it would certainly be welcome.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions for you are from MPP McMahon.

Ms. Eleanor McMahon: Hi, Sean. Hi, Danielle. Nice to see you.

Mr. Sean Madden: It's good to see you, too.

Ms. Eleanor McMahon: Wow, what a great presentation—thank you: cogent, to the point and enormously helpful in terms of recommendations.

A couple of things: Training is an issue that we're hearing a lot about as we traverse the province. That won't surprise you. I know from my conversations with McMaster and the students' union there, they seem to have a fairly well resourced program in place, and these volunteer services are looking at a 24/7 helpline; you probably are aware of that. We also heard about Lakehead in Thunder Bay too, so we're well aware of their policy, which is an outstanding example, as you mentioned.

It brought to mind that it seems as though—and we've heard from Laurentian University in Sudbury—there doesn't seem to be a framework amongst universities for sharing best practices about their responses to sexual assaults and violence on campus. Is that something that you're concerned with or that you're acting on at all? Because the colleges seem to be headed in a bit of a different direction. Is that a valid point, and can you comment on that?

Mr. Sean Madden: Yes, I think that's a fair point. Colleges, existing under one consistent act and generally being pretty responsive to what comes from the ministry and to each other, have had a fairly strong response to this.

I think there's definitely room for increased sharing of information, approaches and best practices, because we are hearing from the smaller schools that that capacity might not be there. McMaster has certainly made it a mission, but I think in other places, they're lagging behind in training for their volunteers and staff. It's less to do with will and more to do with resources.

Ms. Danielle Pierre: The only thing that I would add there is that we're seeing a lack of coordination within

institutions as well, so there is siloing even between departments in terms of response. So I guess there are two barriers there: first, making sure that institutions are sharing best practices, whether it's between health services and residence life staff, but also between institutions themselves.

Ms. Eleanor McMahon: Time for one more, Madam Chair?

The Chair (Ms. Daiene Vernile): One more question.

Ms. Eleanor McMahon: We've also heard some conversations about the definition of sexual assault itself and, related to that, the definition of consent and how we need to build a new narrative. Is that something you see on campuses? Certainly in Sudbury we heard it. Can you comment on that, how we can work together to maybe encourage that new narrative and how the province can play a role in that? Can you comment?

Ms. Danielle Pierre: I think it starts with just making it okay to talk about sexual violence, sexual assault, sexual harassment and, as I mentioned before, just calling things what they are.

I think it's something that students are willing to do and are doing at a grassroots level. It's definitely something that we've seen from CFS—Ontario and especially at schools like York University. So it's almost bringing that up to a higher level and making institutions aware that they can use this language that already exists, kind of coming at it from both sides, bottom-up as well as top-down.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you today are from MPP Hillier.

Mr. Randy Hillier: Thank you very much for being here today. Listen, I want to zero in on a couple of aspects specifically with universities. I'll preface this by first saying that we know that there is a significant reluctance on people to report sexual assault and harassment. We also know that in many cases, it is the result of a relationship where one is dependent and the other has greater authority. That brings to my mind—in a university, in a campus situation—faculty and students. I'm wondering if you've done any surveys of undergraduates who may have experienced sexual assault in that sort of relationship and what the results of that may be, if you have done any of those studies first.

Mr. Sean Madden: In short, no, we haven't done any studies with that. It's tricky for a third-party organization such as ourselves to survey on such a sensitive topic. It's hard to clear kind of institutional protections around that for somebody like us. So that is part of the broader narrative about limited data on these things.

To address the notion of sort of assault or pressure arising from an imbalance-in-power relationship, it's certainly not unique to this sector, but there's definitely a possibility for it. I think the answer within universities is the same as outside, in that we need clear processes by which a student or any staff—really, anybody in a university campus community—can disclose and feel that they will be believed and that their interests will be

protected as the investigation rolls out. People just really need to believe in that process.

Mr. Randy Hillier: I think we can say that there's a conventional wisdom—or media—about sex assault on campus, whether it be drunken parties or whatever. That's why I think it's important that we actually understand what's going on on campus. If there are any direct policies right at the present time that, as far as you're aware, deal with sex assault between faculty and students—are you aware of any unique or different policies in that regard?

Mr. Sean Madden: Danielle may be able to elaborate a little bit more, but in many cases it's sort of a component of the employee code of conduct or human resources documents that exist at institutions. It's acknowledged and spelled out that this isn't appropriate, but it's not really tied in to a process for recourse or resolution. It's just sort of a “Thou shalt not,” and there's not a whole lot to follow that up.

But you can probably elaborate on that.

Ms. Danielle Pierre: I think that this issue goes back to our call for stand-alone policies. What a stand-alone policy allows us to do is draw together employee codes of conduct, the Human Rights Code, the Criminal Code of Canada and student codes of conduct into one comprehensive document that anyone can turn to, whether it is a victim of sexual violence of any kind or a bystander, and see what the institution's stance is on that and what procedures are in place to help, be it your peers or yourself.

I guess we are really at a time of trying to bring everything together, coalesce and really make these implicit assumptions that the relationship between a faculty member and a student—if a power imbalance occurs and then if a violent incident occurs, we can't just implicitly assume that everyone knows this is inappropriate. It's about calling things out and saying that this is inappropriate, and we have this document that says why and how we will address it.

The Chair (Ms. Daiene Vernile): Thank you very much for your presentation this afternoon, Mr. Madden and Ms. Pierre. I invite you to join our audience if you wish to.

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MS. HEIDI NABERT

MR. STEVEN DOLK

The Chair (Ms. Daiene Vernile): I would call on our final presenters this afternoon. They are Steve Dolk and Heidi Nabert. If you could please come forward. Thank you.

Ms. Sylvia Jones: Chair, I have a research-related question.

The Chair (Ms. Daiene Vernile): Okay. Do you want to ask that right now?

Ms. Sylvia Jones: Sure, if you wouldn't mind.

The Chair (Ms. Daiene Vernile): Ms. Jones, you have a question for our researcher.

Ms. Sylvia Jones: Yes. I see that we did get an answer back from the Ministry of Labour about inspectors. It's a little vague, because I actually asked it based on concerns raised by Clare from the Interval House of Hamilton and her issue with the hospitality industry. Hospitality isn't even mentioned. I wonder if I can then rephrase the question as to how many inspections were made in the hospitality industry in—I mean, pick 2013 and 2014, just so we get some indication of what kind of coverage is happening within that spectrum.

The Chair (Ms. Daiene Vernile): Thank you. We'll have our researcher look into that.

Mr. Randy Hillier: And just to follow up on that: We might add that it might be worthwhile to consider having the director of enforcement and compliance for the Ministry of Labour come to the committee after—I think we'll wait until we get some of that information. But just to put it on the table for consideration: What sort of enforcement goes on in the hospitality industry?

The Chair (Ms. Daiene Vernile): We'll look at that after our interim report. Thank you, Mr. Hillier.

Welcome to our final guests today. You will have 15 minutes to speak to our committee, and that will be followed by questions by our committee members. Please begin by stating your names, and begin any time.

Ms. Heidi Nabert: Thank you, Madam Chair and committee members. I wanted to just clarify that my last name is Nabert, first name Heidi. I believe there's an extra R in what you have on record. I'm the director of Fathers Resources.

Steve?

Mr. Steven Dolk: My name's Steven Dolk. I guess you could say I'm a stand-alone citizen who's coming to participate. I spoke here about two weeks ago, giving some of my life experience as a victim of domestic violence. I'm also involved in trying to find solutions, to participate in finding some resolve for covering the issue of violence itself, overall, for everyone.

Ms. Heidi Nabert: I'll begin. I'm the director of Fathers Resources International. We're based out of Toronto. My husband, Danny Guspie, founded Fathers Resources in 1994. He has since passed away, in January of this year, of cancer, and I have taken over the full operations. We actually co-chaired Fathers Resources. We offer many different types of services specifically for fathers and men who are going through separation or a divorce.

Just to give you a little bit of history as to how Fathers Resources was founded, both myself and my husband are survivors of our own parents' divorces many, many years ago. We realized that, in many respects, fathers in particular had no understanding of what children go through when there is a separation or a divorce. Hence, we founded, initially, a support group specifically for fathers and then expanded by offering services as well.

We've run a free support group in Toronto for over 20 years, founded a similar support group in Hamilton in 2001, and then in 2004 expanded into Cambridge, the Niagara region and Woodstock, and eventually came up

with a much more effective means of offering this service and launched a virtual support group in 2006. We had participants across Canada, the United States and as far away as the UK and Fiji. We subsequently closed down Cambridge, Woodstock and Niagara region and still maintain a live meeting in Hamilton, Ontario, and a weekly meeting in Toronto—these are all free—which we fund ourselves.

Now, one of the things that we've found over the years of working with fathers is that about 25% of these fathers were actually victims of sexual abuse as children and have never had the help needed for them to get over this type of trauma. It's the typical "Take it like a man," "Big boys don't cry," "Get over it," and most often, they don't disclose at all.

The cost of not having that kind of assistance for that type of trauma—it is no less traumatic for a little girl than it is for a little boy. I speak to this specifically as a survivor of being molested as a child, between the ages of five and nine, by someone in my home.

The bottom line comes down to this: I don't believe this is a female-victim issue. This is a victim issue of both genders. Men and women, boys and girls are victims of sexual abuse. Although I'm applauding the work that has been done so far, specifically for girls and women, I think we have greatly lacked in assisting boys and men who are victims of this same type of trauma.

Getting back to the work that we do with fathers, it trickles down to the point where these fathers are so handicapped, having not gotten past their own PTSD as children, that they're inadequate in terms of how they are able to father their children, and the cost of that is enormous and usually results in a divorce, which has its own costs.

I'd like to share with the committee a personal story of the kind of education that I think is dramatically needed.

I actually applaud the woman, whose name I don't know, who spoke earlier. I think what she's doing is unbelievably important, and I certainly applaud the education aspect of it.

I'd like to share an experience of my stepson, who, at the age of 11, asked a very important question that I frequently use as an example in our support groups and with fathers I work with personally.

We'll call him John, for his privacy. He had been separated from his father at the age of two. His biological parents were extremely violent with each other. There was a little bit more physical violence from the father, but there was certainly enough retaliatory violence from his biological mother. Subsequent to that, his parents split up, and his biological mother married my future husband. So he now has a stepfather.

There was some verbal abuse, let's say, going on in that home, but no physical abuse. Then that marriage failed, and there was a separation. For the time being, he was living with his stepfather, my future husband. I was looking after his stepson and his biological daughter while he was going to school to become a law clerk.

One night, after I had done the dishes and taken care of the kids with dinner, this young 11-year-old asked me

a question, and said, "I don't understand your relationship. You guys don't love each other."

I said, "Well, why would you say that?" He said, "Because you don't fight." How profound is that?

Of course, I explained to him, "I understand what you're saying, but what you don't understand is, you have a choice to re-create"—I mean, this is an adult discussion now. "You have a choice to re-create your biological parents, your second family, or the relationship you're seeing right now."

Had he not been exposed to all those different types of relationships, he would have, without a doubt, not broken the chain—and he has. He's in a relationship that is not violent and is very loving, and he's a wonderful father. He's 35 years old now.

1700

I point to that as an example of an opportunity to teach children in a classroom what violence really looks like because they may not recognize it. Children see their world as defined by the home that they live in, not anything beyond that. I think we have an opportunity in schools to teach that to children, that there are many different types of relationships and that they have an opportunity to understand what true violence is, whether it's sexual, physical or verbal, and that this is not something that's acceptable.

Mr. Steven Dolk: Good afternoon, honourable members of the committee. I want to thank everybody for giving us this opportunity to sit before you and try to give what best input we can possible to try and pursue a collaborative effort to find solutions. My name is Steven Dolk and I'll just begin. I know we're short on time here so I'll just briefly read it off of my pages here.

It was the Honourable Lord Sankey who once stated that the constitution is "a living tree capable of growth and expansion." "The exclusion of women from all public offices is a relic of days more barbarous than ours...." It is not "right to apply rigidly to Canada of today the decisions and the reasonings therefor which commended themselves ... to those who had to apply the law in different circumstances, in different centuries to countries in different stages of development."

This was in reference to the historic Edwards case, where on October 19, 1927—many of us know the name—Henrietta Muir Edwards and three other appellant women stood before the Judicial Committee of the Privy Council challenging the question, do "the words 'qualified persons' ... include a woman, and consequently whether women are eligible to be summoned to and become members of the Senate of Canada?"

Today I sit before you with the evidence of progression. Before me are individuals which include women, as proof of your qualifications, your eligibility and inclusion as "persons" to take the commission of office to represent your fellow citizens, constituents and your communities as a whole. I commend you for taking this upon yourselves, every one of you. I am not trying to be sycophantic in nature—I'm not. At the same time that I commend you, I don't envy you. The positions you hold

have one of the ultimate challenges: that is to balance the communities' shares of benefits and burdens among the people.

Today, again, I have been given the opportunity to speak about the recent campaign that has come out on sexual violence. I have shared with you before, just two weeks ago, a bit about my life story. As a member of the community myself, I interact with various friends, colleagues and acquaintances who represent and identify themselves in association with other groups that identify themselves differently from, say, my own.

From sexual orientation to gender recognition: male, female, the gay and lesbian community, bisexual, transgender, gender neutral, heterosexual; from religious backgrounds such as Christian, Muslim, Hindu, a large array of others and even the non-religious; from different cultures and ethnicities; First Nations; socio-economic status; those with homes and those who are homeless; the young and the old—I'll loosely use "old"—from all differences, whether they are analogous or listed, there is nothing—nothing—that can take precedence over the fact that humanity and life continue to be dynamic. For this, the dialogue of the citizenship and the people—everyone—must never fall into a stagnant conclusion or solution. It too—the dialogue—must continue to change and tackle that ominous reality—Canada's, Ontario's and Toronto's immense diversity, and framing our identity, while simultaneously pursuing distributive justice, each and every one of us.

I am not trying to engage in a philosophical discussion; there is a point to be made. I have seen one of the videos for the campaign against sexual violence: #WhoWillYouHelp. My response will probably not be one anticipated by the video's producers. Yes, I felt sympathy for the reality that women have been and are victims of sexual violence. I know that it does not stop here. There is still so much more that women endure. Instead, I became afraid, afraid for many, not just for men, as the video unfortunately portrays us—and I have to say "us" because I identify myself under that category, as male—but for many others.

I myself was a victim of domestic violence, as I said two weeks prior. I was also regularly abused as a boy by a female caregiver. Of course, this has had a tremendous impact, historically, on my life, with my perception of women, and I can see why women who have been victims at the hands of men may default in their response similarly towards men.

I do not want to be stigmatized or pitted under the stereotype of what a man is, especially in a video such as this. See, the portrayal, such as what has been made in the video, has its ramifications that have been detrimental to my own life.

When I was abused, the police refused to believe me. Back then, I was almost 300 pounds. I was competitive in tae kwon do. One look at me back then, and I would get laughs. I would even get harassed or intimidated, because apparently I was the one who was the perpetrator. I was only revictimized time and again. If it wasn't by my spouse, it was by society or institutions.

Our last speakers elaborated on trying to define violence, which I appreciate, because there has to be strong emphasis on this. We have to make sure that we can define as concretely as possible the issue of violence and what it is, because—

The Chair (Ms. Daiene Vernile): Mr. Dolk, you have one minute left.

Mr. Steven Dolk: Because I have one minute left.

In the courts, I pleaded for my children—and I will try and cut this short.

Ms. Sylvia Jones: Give him extra time, and we'll just take less questions.

Interjections.

The Chair (Ms. Daiene Vernile): Go ahead.

Mr. Steven Dolk: I appreciate that. Thank you very much.

In the courts, I pleaded to see my children when I finally left the relationship, but even with shared custody and a custody order that granted me access, the official said to me, "Access to your children is none of my concern. I am only concerned that you maintain child support payments."

Is this a direct result of something like the campaign? Maybe not. But it still warrants the question of the harm imposed upon men and their children due to the stigmatization of men further revictimized through alienation and neglect by our institutions.

We have seen the tables turned against the women only 40 years ago, where the woman was the victim in the courts, in jeopardy of losing their child and stigmatized for being divorced, and they, too, were victims of domestic violence.

Justice Abella, a woman from the Supreme Court of Canada, herself reflected on these times but also highlighted that the oppositional processed series of events have thrown individuals such as myself into the mire that women had been struggling in before. Justice Abella herself stated the importance of bringing women into the man's world and delivering equality, but in the process not to kick out the existing inhabitants.

Through my life journey, I refuse to believe that any gender is my enemy. I have been very fortunate, unlike some victims, regardless of identity, who could not go on any further in life and in pain.

Not too long ago, I had to conscribe a paper about politics and the media. Neil Brooks would be my author of choice. He questions and challenges everything that the media produces, their intentions, political agenda and contrasts it with Canada's idea of democracy.

It has become Western practice for media to produce what heightens the emotions of the viewers, and for a brief period, but soon the viewers are then returned to their regularly scheduled programs.

It has been stated that the media is the oxygen of democracy. The media is crucial to the health of democracy, but this video for the campaign on sexual violence has unhealthy implications.

I am not speaking just for myself or men. I am representing, upon request, the voices of many others—people have asked me from transgender communities, the

gender-neutral, queer, aboriginal and many others who were actually too afraid to come with me today to show their faces in public or for fear of being harmed or threatened or harassed. For many of them, the greatest threat is media itself.

Repeating Lord Sankey again, the Canada of today is not of the ideologies from the Hobbesian or Lockean eras where gender determined role, acceptance and office, or of the utilitarian notion of Bentham being the greatest good for the greatest number. No. We are the Canada of today, of Charles Taylor and Will Kymlicka, who fight to define each individual and group on some egalitarian plateau while trying to implement a sense of libertarianism and, if there is no fit, to continue in a dialogue that remains inclusive of the dignity, respect, identity, tolerance and security of everyone.

"Wait, Steve. You only mentioned male authors." You're right. Consider Amy Gutmann or Iris Young, or how about, from another ethnicity, Amartya Sen.

I am in full favour of a campaign raising the awareness of sexual violence. However, care must be taken in our approach—that's right, our approach. If we emphasize one group as victims and another as perpetrators, have we not made enemies? What about the others who are victims: the transgender, the gender-neutral, the aboriginal, the refugee, the recent immigrant or the socio-economically disadvantaged? None of this was portrayed in any way in the video.

1710

In concluding, please allow me to exhume some suggestions. I say this because I don't want anybody thinking that I'm trying to throw a resumé in here. I'm just trying to participate.

This campaign isn't in fact an absolute, but it affects everyone, so why not research different communities? Consider my case and community, the Centre for Human Rights. I come from York University. I am a student. We have the Centre for Human Rights. We also have the Centre for Aboriginal Students and the Centre for Women and Trans People. What about asking for involvement or input from the gay and lesbian community?

In speaking, and as a citizen, not only do I thank you for this opportunity to participate in speaking before you, but I am offering myself and my time, if you are willing, to be involved myself. Just as much as you, I believe, I want solutions, and I am willing to volunteer my own time to partake in a think tank, or maybe do research or fieldwork, or network, to get the pertinent information that is essential in putting out one large fire instead of further creating many more.

This is my last page.

As of this month, I graduate in political science, and by August, I will have two honours, one in political science and one in psychology as well. At present, I have the opportunity to potentially attend Osgoode and acquire my JD, or Glendon College, to further a master's in public affairs and international studies.

I believe that a citizen has the due diligence to participate to ensure a direct and effective democracy to its full potential. Within the community of human rights and

academia, there is an army behind me with the same fervour.

I am aware that all of you here have values. One thing that I did notice was primarily family values. Each one of you has expressed the importance of your family and the time spent with them.

Imagine reducing further damages to families, children, and alienated fathers and mothers by reconsidering devising a campaign that potentially reinforces opposition, stigmatization or polarizes men and women.

Imagine, then, all of you here in the committee, honourable members, with all of your tremendous qualities and qualifications, that you could make history—all of us; we could make history—in rerouting a plan of action to subvert harm from everyone, including everyone, and constantly lies in wait to accept others as identities are discovered more and more in the dynamics of our humanity.

I want to thank you, everybody, for your time.

The Chair (Ms. Daiene Vernile): Thank you. Your first questions are from MPP Dong.

Mr. Han Dong: Thank you, Madam Chair. Steve and Heidi, thank you very much for taking the time and for doing this very heartfelt presentation.

I'm a parent to a young girl and a young boy, and I appreciate the fact that you are standing up for boys and men.

I know that the government actually funds support services for a program for male survivors of sexual abuse. I don't know if you're aware of this program. Anything specific that you would suggest that the government should be doing on that front? That's my question to Steve and to Heidi.

Recently, we updated the curriculum in our education system. We hear supportive comments and some negative comments. I just want to hear from you, if you think it's a step in the right direction and whether it's adequate to teach our kids in school, our next generation, and whether it's enough to protect them in the classroom.

Ms. Heidi Nabert: Do you want to go first, Steve?

Mr. Steven Dolk: Please go ahead, Heidi.

Ms. Heidi Nabert: In response to your question, I think it's a good first step. I believe that we are still lacking in being inclusive for boys. I think boys are really lagging behind. I think that if we look just at the amount of enrolment in universities across Canada, we women are doing phenomenally well, and men are not participating to the same degree.

I think it starts in grade 1. You have to have that encouragement from the very beginning.

There is an opportunity to focus on different types of relationships. I know that there is an aspect to the sexual end of things, and that's one aspect. But beyond that, you could incorporate the whole bullying aspect into what makes a good relationship. How do you negotiate past that kind of anger and potential violence that comes out of that?

I think there needs to be more work done in that area.

Mr. Han Dong: Okay, thank you. And to Steve?

Mr. Steven Dolk: Okay. First of all, for coming out for me, it's relatively new. Most of what I have learned for support has actually been relatively recent, within the last year and a half to two years. What you have explained to me about the support services available was not available for me.

First of all, I come from Wasaga Beach, so I'm way out in the middle of nowhere. Unfortunately, there's still a lot of social stigma out there, and even if support like that is provided, there still has to be more awareness created so that there's an understanding. Education is key. Education is crucial. I spent 20 years with people looking at me like I had two heads: crying; bleeding, in some cases; having injuries and asking for help. So I think education and awareness are the keys, first, before support.

Mr. Han Dong: Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next set of questions for you is from MPP Hillier.

Mr. Randy Hillier: I'm not very aware of what programs there are for male survivors, but I did hear Heidi mention that there are a couple of your branches that you've closed up. I'm just wondering what sort of funding mechanisms are available to Fathers Resources International, and just an overall impression or understanding of what shelters or what programs are available for male survivors.

Ms. Heidi Nabert: I thank you for asking that. We did seek funding over 20 years ago, were turned down several times and eventually decided to fund it ourselves. I'm not privy to any current funding because we've never sought funding, since we were turned down so many times.

As far as shelters go, the only shelter that I'm aware of for men, period, would be the shelter that's downtown on Sherbourne Street, which is a hostel.

When it comes to fathers who are custodial parents, for example, who might be trying to flee from an abusive situation such as what Steve was going through and wanting to leave with the children—which is a scenario that we have dealt with on many occasions over the last 20 years; I can think of at least 50, which is 50 too many—they had nowhere to go. Men are not welcome at any shelter that's set up for domestic violence. They are specifically for women—which I again totally applaud. They're necessary, and I'm glad they are there for women who are going through that, and for the children who have to endure that kind of scenario. But there needs to be a similar place or places not only in Toronto but in northern Ontario. Northern Ontario is even worse than southern Ontario.

I can tell you, just in answering your question as to why we shut down the three areas—Cambridge, Niagara and Woodstock—we were getting phone calls from across the country wanting to know, "Where's the meeting in Calgary? Where's the meeting in Red Deer?" We finally came to the conclusion that the only way we could service the whole country on this issue was to go virtual. We kept the live meetings in Hamilton and Toronto

because there's a large enough community to support them. The virtual meetings have been put on hold since my husband passed away, but I will be re-launching them again mid-year. The response has been phenomenal.

Again, as Steve was saying with the previous question, there isn't enough information available. I'm not aware of any sexual abuse assistance for men, and I would love to learn more about that because I do deal with men who are dealing with that on an ongoing basis. So I would certainly say that this is an area that is seriously lacking. The percentage of victims is likely much lower than that of women, but they're still there, and there are no services for these men.

Mr. Randy Hillier: Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you.

You wanted to comment on that?

1720

Mr. Steven Dolk: Just briefly, from my personal experience: It was just a little over five years ago when I left my relationship. I didn't initially live in Wasaga Beach. At the time, I actually lived somewhere else and I moved from the vicinity to escape the violence. I didn't have anything and actually ended up living out of my car for a while—from the stress and being unable to care for myself. Even though I held a job, nobody knew I had nowhere to live. I was a heavy equipment operator by trade. I ended up developing pneumonia in the hospital and so that's how I ended up getting shelter for the next couple of years before I could get established. Otherwise there was nothing there for me.

Mr. Randy Hillier: Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you are from MPP Natyshak.

Mr. Taras Natyshak: Thank you, Madam Chair. Thank you, Steve and Heidi. Heidi, please allow me, on behalf of the committee, to offer our condolences for the passing of your husband.

Ms. Heidi Nabert: Thank you.

Mr. Taras Natyshak: Thanks for continuing the work that you both started.

Ms. Heidi Nabert: Thank you.

Mr. Taras Natyshak: Steve, thanks for sharing your story once again. It's weird, isn't it? As a man—you know, we know what's going on out there and we know the difficulty. It's an enormous wall to crawl over and an enormous amount of stigma. I refer back to just my own awareness. I think what brought about that level of awareness for me was the incident around Sheldon Kennedy and Theo Fleury. I'm a hockey player so I follow hockey. Those guys broke through a stigma that I think had not at that point been broken through for male figures.

As difficult as it was for them and as much exposure as that issue received, I still don't think it has caught on in terms of the ability or the pathway for men to be able to explain and share their stories.

The committee travelled to northern Ontario where we heard from men who still, to this day, have a difficulty

sharing their stories. There's an issue with under-reporting. It's very, very clear. What would the biggest impact be that the province could undertake to address the issue of under-reporting? What assistance can we give? We know the resources are starting to be delivered. We know that awareness is starting to be there. We know that the government has launched into some pretty hard-hitting awareness campaigns. But what else could be done to specifically target that? Imagine: It's difficult and there's so much stigma already attached. What do you think that role can be for the province to specifically support men in reporting their abuse?

Mr. Steven Dolk: I really appreciate this question because that's something I've thought about and actually discussed with my partner many times before. I'm not trying to skirt my answer and shortcut it to say it's education, but there are crucial institutions that compound the issue of domestic violence. One of them, I'm sorry to say, is law enforcement and the family courts.

When you have the police come and report to a scene of an incident and they see somebody who—like I said, myself six or seven years ago, a larger man—is crying because he feels powerless and for them to laugh, or even an officer come and suspect that you're the perpetrator—"But he's bigger than you"—and actually is trying to make you lose your cool because he thinks you're the one who is the loose cannon. I think there has to be some sort of mandatory training on that, because times have changed. Times have changed. We've seen work go in with the same situation like I mentioned earlier in my speech where there has been training about understanding the issues of domestic violence against the spouse,

against the woman. We're seeing that come into play, but now we're forgetting that there's a possibility that a man could be a victim as well. If he's crying, he's more than likely crying wolf.

I think that in areas of enforcement, to give that man his sense of dignity and a sense of security is huge. Take a man of any strength or size and take away any sense of being able to defend himself, and he feels completely powerless. You feel absolutely powerless, because there's nobody there who can stop it, nobody who can put an end to it.

The Chair (Ms. Daiene Vernile): We thank you very much for coming and speaking to our committee today and sharing your experiences with us. We would ask that you join our audience now, if you wish to.

To our committee members, we are going to adjourn until next Wednesday afternoon.

Mr. Randy Hillier: Chair, could we ask research to find the committee a list of any and all support programs under way, funded by the provincial government, that are specifically targeted for male victims of sexual assault?

The Chair (Ms. Daiene Vernile): Thank you.

Mr. Natyshak, I just want to inform you that we are moving to morning and afternoon sittings beginning on April 29, just so you know.

Mr. Taras Natyshak: Thank you, Chair.

The Chair (Ms. Daiene Vernile): Just to reiterate, we are moving to morning and afternoon sittings beginning on the 29th.

We stand adjourned until next week, April 22.

The committee adjourned at 1726.

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Wednesday 22 April 2015

Journal des débats (Hansard)

Mercredi 22 avril 2015

Select Committee on Sexual Violence and Harassment

Strategy on sexual violence
and harassment

Comité spécial de la violence et du harcèlement à caractère sexuel

Stratégie de lutte contre
la violence et le harcèlement
à caractère sexuel

Chair: Daiene Vernile
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SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

Wednesday 22 April 2015

COMITÉ SPÉCIAL DE LA VIOLENCE ET DU HARCELEMENT À CARACTÈRE SEXUEL

Mercredi 22 avril 2015

The committee met at 1601 in committee room 1.

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. The Select Committee on Sexual Violence and Harassment will now come to order.

SUBCOMMITTEE REPORT

The Chair (Ms. Daiene Vernile): We begin this afternoon with a motion from our subcommittee. I understand that MPP McMahon is going to put that motion forward.

Ms. Eleanor McMahon: Thank you, Madam Chair. The motion reads as follows:

Your subcommittee met on Wednesday, April 15 and Tuesday, April 21, 2015, to consider the method of proceeding on its order of the House dated Thursday, December 11, 2014, and recommends the following:

(1) That witnesses be scheduled in Toronto commencing Wednesday, April 22, 2015, in 20-minute intervals, and be offered up to 15 minutes for their presentation, and five minutes to answer questions from committee members.

(2) That the committee charter a bus during the week of May 18, 2015, for travel to Windsor, Kitchener-Waterloo, Kingston and Ottawa.

(3) That the Clerk of the Committee, in consultation with the Chair, is authorized immediately to commence making any preliminary arrangements necessary to facilitate the committee's proceedings.

Thank you, Madam Chair.

The Chair (Ms. Daiene Vernile): Thank you, MPP McMahon. Do we have any discussion on this motion? Are we all in favour? Motion carried.

While I would like to welcome all of the presenters who are here with us today along with guests, I want to share the mandate of this committee with you. We are here to listen to the experiences of survivors, front-line workers, advocates and experts on the issue of sexual violence and harassment. You are going to inform us on how to shift social norms and barriers that are preventing people from coming forward to report abuses. Your advice is going to guide us as we make recommendations to the Ontario Legislature on dealing with systemic sexual violence and harassment. However, I do want to stress that we do not have the power or the authority to

investigate individual cases. That is better left to the authorities.

So I welcome you.

STRATEGY ON SEXUAL VIOLENCE AND HARASSMENT

ONTARIO COALITION OF RAPE CRISIS CENTRES

The Chair (Ms. Daiene Vernile): I would call on our first presenter, Nicole Pietsch. Nicole, please come forward and let me know if I'm saying your name correctly.

Ms. Nicole Pietsch: It's like "peach," the fruit.

The Chair (Ms. Daiene Vernile): Wonderful. Nicole, you're going to have 15 minutes to make your presentation, and that's going to be followed by some questions by our committee. Please state your name for the record and begin anytime.

Ms. Nicole Pietsch: Sure. My name's Nicole Pietsch. I'm with the Ontario Coalition of Rape Crisis Centres.

Thanks for having me speak today. I'm here on behalf of the Ontario Coalition of Rape Crisis Centres. I'll share a bit more about that organization in a moment. I'm sure you've heard lots of statistics and general issues, and I'd like to start by sharing a personal story and then connecting that to some of the systemic and statistical things that you'll probably hear throughout the course of this committee.

To begin, a personal story about how my work in this area began: When I was about 16, a close friend of mine was involved with a local boy who didn't tell the truth about his age and turned out to be in his 20s. Because we were young, by the time this information came to light we didn't have the wherewithal or the sense of entitlement in order to challenge it. We also had few adults in our life to counsel us about this relationship, other than to tell us that we shouldn't be spending time with boys like that, or admonishments to maintain our virginity as young women.

I would share that, in the midst of this, we were aware that the relationship with my friend and her boyfriend was abusive. He often threatened her or controlled her behaviour and who she spent her time with. Once, they

were on vacation together and he took her money and threatened to leave her behind.

This is related, because, as you can imagine, the sexual component of their relationship was also abusive. My friend didn't have a choice about whether or not she would engage in a sexual relationship, what kinds of things she would do and in what ways.

Finally, a teacher advised us and gave us permission and instruction on what to do. We ended the relationship with the boyfriend together, although there were many threats that came her way beyond that.

When we were in university, my friend came home on a break. Her ex-boyfriend spied her walking in the neighbourhood and he began to pursue her again. My friend hadn't wanted it to come to this, but she decided at that point that she ought to call the police.

This is relevant to your committee, too, to share this component of her experience.

We got an officer on the line who was a woman and fairly understanding. But when she listened to my friend's account, she had to ask for clarification: "Did you say no when he wanted to have sex?" My friend shared that she had said no. She said no again and again, but ultimately, at the end of the day, in the context of this relationship, her yes or no made no difference.

Now, it's possible and I would think right, that the police officer had every best intention. She may have known the facts, that even if my friend's guy could be charged—and he could have—simply saying so in court, he would probably just suggest that she had consented. Really, no one would ever know the truth. Even if the police and the court believed my friend, they really couldn't prove a thing. This is one of the systemic issues with the cases before us today. Perhaps this police officer even knew that, although my friend had been through what she had been, this would never proceed through the court system. So the police officer said, "We've spent many times telling people that 'No means no,' and we can't lay a charge now saying that 'maybe' or 'I'm not sure' means no, as well."

So my friend put down the phone and hung up and she said to me, "We're going into politics, man!" That's what I'm doing here today.

From that moment on, for me, the systemic issues of sexual violence were connected to victims' stories. I've spent many years working with survivors on describing to the public, yourselves included, how sexual assault is actually happening in Ontario and the barriers to reporting.

You have political leadership in Ontario, and in this, you do have an important role to play, and that is to work alongside survivors, allies and advocates to learn about where the system is working; learning about alternatives to, for example, police reporting and how you can support survivors better.

I think we need to begin, instead of just asking the question, "What would encourage women to report?"—that is the wrong question to ask. Instead, I would suggest we should be asking, "What will better support

survivors generally and what do they need most and what can we do to prevent sexual assault in the first place?"

So a little bit about us: The Ontario Coalition of Rape Crisis Centres is a network of 26 English-language sexual assault centres in Ontario. We deal mostly with systemic issues, but those individual rape crisis centres see survivors on a day-to-day basis over their crisis lines, in individual counselling, accompanying folks to the police and to court—and also public education on sexual violence and prevention, and providing information about the legal system and other strategies for coping.

As an example, in a one-year period alone, our 30 sexual assault centres—all of them in Ontario that are English-language centres—responded to over 37,000 crisis line calls in one year.

We believe that sexual violence can't be separated from a broader context, one in which the victim, the offender and sexual assault acts themselves are connected to larger expectations or larger systems of inequality.

I'll give some examples. In my friend's story, she was a lot younger than her abuser. She faced scrutiny from adults who shamed her about being sexually pursued. When sexual violence happened, we had no one to talk to about it who we felt would understand. We didn't understand the law and what would happen when we reported it.

What my friend believed had happened is that no one believed her. But, in fact, if she had reached out to an advocate or had contact with a sexual assault centre, she might have learned (1) what to expect when you report, (2) why the police officer might have said what she did—and (3) someone who could help her to advocate for more action in her case.

A few things that we would recommend as a network of sexual assault centres—is that we believe that education is probably the best way to prevent sexual violence in the first place. Public education promotes a focus on prevention as opposed to just catching offenders. Ideally, we'd like to see less sexual victimization, and that might lead to things around education.

1610

Education has the effect of the following:

- supporting people to know what their rights are so that they can say no or at least have questions in their mind and seek support if they have questions about the way someone's treating them;

- information on what sexual violence is, beyond just forcible rape;

- supporting both men and women to be exposed to sexual violence myths and give them the opportunity to challenge those myths; and

- educating bystanders and people who work in all kinds of fields to realize where they have a role to play. I think often we just talk about survivors and offenders; we don't talk enough about bystanders. People could intervene where somebody is vulnerable.

Public education also draws connections between social issues, like the normalization or minimization of

violence against women and sexual violence against anyone, and people's day-to-day experiences.

There are a lot of things that we agree with in It's Never Okay, the new plan from the provincial government. We really do applaud—for example, public education has been rolled into these initiatives, the social media campaign and, in addition, the new school curriculum is much needed.

For example, as Planned Parenthood Toronto had noted, we are bombarded daily with information about sexual innuendos, sexual images and expectations, but rarely do we have conversations about consent. You can't talk about sexuality or be exposed to it without knowing about consent at the same time. They can't be divided.

We agree that in learning about healthy relationships and consent at a young age through a curriculum that's mandated, you're definitely preventing sexual violence, and that sure would have helped my friend when she and I were faced with nobody except for the offender and silence on sex ed from other adults in our lives.

We also support an aboriginal-led strategy to address sexual and gender-based violence against First Nations women in Ontario. There are too many recent stories about aboriginal women and sexualized violence in Canada. Cindy Gladue; the young 15-year-old woman in Winnipeg; and Rinelle Harper are just a few examples. We know that First Nations women are more vulnerable to being targeted and face different kinds of victim-blaming and minimization when it comes to sexual violence than white women.

We know there's a strategic framework to end violence against aboriginal women in Ontario, but we think that more needs to be done, especially in engaging the community of First Nations people in that strategy.

I also want to talk a little bit about funding and stability for sexual assault and rape crisis centres in Ontario. While an estimated majority—some say 80% to 90%—of survivors of sexual violence don't even access the criminal justice system, the majority of the funds and the system efforts are talked about and directed towards a minority of survivors who do. While it's important that survivors can access the criminal justice system, we also think that sometimes survivors need alternatives, and it's centres that provide front-line services and education to our local communities all across Ontario. Centres like ours also cope with people who aren't reporting at all, like my friend who never engaged with any kind of formal systems. Also, we're connected to a lot of people who, let's say, might have been assaulted many years ago and they're just beginning to talk about it now.

When you think about it, in 2014, Justice Canada had a study that talked about the economic cost of violent crime, finding that \$4.8 billion of the total, which was the largest amount of any kind of crime, was attributed to sexual assault and other kinds of offences—more than 90% of victims were women. What they found from this is that some of the costs were associated with the criminal justice system, but many of them were on the shoulders of just the survivor as an individual for lost wages and social services outside of the criminal justice

system, like counselling agencies that ended up taking the burden of those costs.

We think it's really important that the It's Never Okay plan around sexual violence has considered community-based agencies and committed to offering stable and committed funding to them as well, so we're interested to see how that rolls out in communities. And we just ask your government to commit to continuing adequate funding for sexual assault centres in Ontario and ensure that the Ontario Sexual Violence Action Plan and its implementation continue to be guided by people in front-line work and survivors themselves.

Last, in order to address sexual violence, I want to talk a bit about needing to shift our conversation away from reporting issues only. Increasing sexual assault reporting won't necessarily increase support to all victims. The current system is rife with problems that don't make reporting a useful or supportive method to all sexual assault survivors. We also know that conviction rates are really low, and that can de-validate the experiences of people who actually go through those systems, as well as give the impression that sexual assault is a rare crime, which we know it isn't.

Yes, we think that women and male survivors can and ought to feel they can report, but they also need information, support and alternatives if they choose not to. These alternatives can include prevention, education and training; support on systemically helping the public and people working in all sectors to challenge sexual violence myths; and supporting professionals, laypersons, bystanders and the public at large to respond to disclosures, believe victims and offer basic support.

As you can see, to support survivors of sexual violence overall, we need any kind of awareness about victim-blaming in all kinds of sectors—that could include the criminal justice system, anyone who's a bystander and social service professionals—and any commitment to resist reproducing these myths when survivors do talk to anyone formally or informally. As you can see, when we talk about things like prevention, believing survivors and offering supports around training and education that help people who disclose, that will help a survivor, whether that person is engaging in the criminal justice system or not.

I know that it's hard to hear sometimes that it's not just one change that we need to make. We believe that systemic change is possible. In the last 30 years, sexual violence has seen many changes in terms of laws and policies—as well as the face of supportive services. For example, 20 or 30 years ago, we did not have the same safe, community-based agencies or hospital-based programs that have responded to survivors. I do believe those changes have made quite a difference. Many of them were made with recommendations from advocates and survivors in collaboration with government folks like yourselves. So I see this as part of a larger process in that.

Thank you again for your commitment to working on these issues, but also for inviting the input of folks who have expertise in these areas.

The Chair (Ms. Daiene Vernile): Thank you. The first set of questions for you are from our official opposition, from MPP Jones.

Ms. Sylvia Jones: Thank you very much for the presentation. I'm curious about your interest or your focus on how reporting is not necessarily the best route for the victims, which, based on the numbers, I can absolutely see and agree with. I guess the other part of my justice side says, but we need to stop the people who are doing this, and how do we do that if we don't go through the justice system and people don't report? Can you expand on that and give us some advice?

Ms. Nicole Pietsch: That's a good question. I think, one, when we're looking for answers, we always want to be able to, let's say, catch the offender and put an end to this. I think that's why we put a lot of effort, as well, into things like education and addressing systemic issues that make sexual violence possible in the first place. What I want to say specifically is that encouraging survivors to report alone just doesn't capture how change could actually happen in this area. There are a few different things that would need to happen before more reporting would actually result in any kind of real change.

So what we see is that although survivors might be reporting, they're not progressing through those systems. I could have presented a lot of statistics as well, but I'm sure you've heard those as well, too. From the number that's actually reported, what that actually comes down to in convictions is a really tiny number. So when we say—to encourage someone to report to the police as a means of resolution to that, often what that means is that survivor is going to progress through the system but not get the end result that she was hoping for.

The Chair (Ms. Daiene Vernile): We're a little ahead of schedule, so we do have time if you have another question.

Ms. Sylvia Jones: Just a follow-up to that: Is there an opportunity for the reporting to occur but then a restorative justice concept to be incorporated, so that—don't get me wrong, but the offender needs to stop. If the reporting doesn't occur, my concern is that it's an indication that "I got away with it once"—or 10 times or 20 times—"so I'm going to keep doing it."

Is there an opportunity as part of that system for some kind of—well, I'm calling it restorative justice; I don't know. Do you have any thoughts on that?

1620

Ms. Nicole Pietsch: I think what's connected is that the lack of reporting is actually informed, as well, by the fact that the system is not giving survivors the response they're looking for; right? They might be looking at the system and feeling like, "If I do report, I'm not going to get what I want." Then it's circuitous, because it also gives the impression that sexual violence is not an important crime.

In terms of a magic bullet solution, I don't think it's that easy. I will say that when we see sexual assault cases go through the court system, what we do see too often is that the scrutiny is on the survivor and about what she

was or wasn't doing, and even some of the same myths reproduced that had existed many years ago. The challenge needs to be on the actions of the offender, as opposed to seeing the re-production of the victim, who has to repeat over and over again these minor details that are held against her.

That scrutiny is too often on that victim, and that gives the impression to her that she did something wrong. It also gives the impression to the public that she's not telling the truth. It also gives the impression to the public in general that this is something that is not a real problem that's occurring.

I think the way the system is right now attuned to scrutiny on survivors, as opposed to looking at the actions of the offender, has really clouded the reality of what victims are experiencing.

The Chair (Ms. Daiene Vernile): Thank you. Our next question for you is from MPP Sattler.

Ms. Peggy Sattler: Thank you very much for the presentation. We have heard from other presenters that there is really no consistency across sexual assault centres in the province; that each sexual assault centre, really, is kind of its own entity. You talked about your interest in seeing what's coming down the pipe in terms of stable funding for this sector.

Do you think the way it's structured now is working well, that it is the appropriate model that each community develops its own unique support system, or do you have any recommendations about how to administer that funding for community-based agencies?

Ms. Nicole Pietsch: To be clear, I'm just speaking on behalf of the Ministry of the Attorney General sexual assault centres, the community-based. We have core funding mandated to deliver core services, so those are the same across the board. But in addition, there is some flexibility for sexual assault centres in a particular region to respond to community-based needs. For example, if I'm a rural or northern centre way off in Kenora, it might be different. I might be serving, let's say, a population of survivors where the need is a little bit different than in an urban Toronto or Kingston area. That's where some of that flexibility can occur.

I would say the majority of sexual assault centres are also community-based, being that they approach the needs of survivors by offering options, information and supportive counselling, where we start by believing the victim. There are also different community services that are more like the hospital programs or victim/witness assistance—those are different—that are attached to other institutions.

But to answer your question specifically, I think that flexibility does work because it allows regions to respond to the particular needs in their community.

The Chair (Ms. Daiene Vernile): Thank you. The final questions for you are from MPP McMahon.

Ms. Eleanor McMahon: A terrific presentation—so good that I'm having a hard time finding what question I should ask you. It was so comprehensive and well done, and, to me one, of the best articulations of some things

that we're starting to see crystallize here. My colleagues have referenced some of them.

I'm going to make an observation quickly, and then ask you a question, if I may, because our time is short, unfortunately. My observation is that the justice system, if you will, feels like it's maybe not serving victims of sexual assault terribly well. Consequently, there are barriers to reporting, so not many—I'm going to say "women," but there are men in there too—victims come forward. The justice system may not be serving our victims very well.

Further, you seemed to indicate—and I could be wrong; I may have misheard you, and I don't doubt this, by the way—that the way that these resources are allocated is towards the people who actually choose to report and go through the justice system piece, whereas most don't. It feels like a chicken and egg. Where do we begin to unpack that? The rape shield law, I thought, would have cured some of the ills in the system in terms of women feeling safe and not being scrutinized about what they wore or said.

Anyway, I've said a lot. Can you help us figure out how the justice system could serve the broader system and how the justice system can serve victims better? Because it doesn't seem to be doing what we need it to do, does it?

Ms. Nicole Pietsch: Yes, and I will add, just based on your question: Some of it is that survivors don't report because they fear it not moving forward or that just may not be where they see their recovery. Some people just choose not to because they don't want to; some choose not to because of the barriers. For example, in the anecdote I shared in the beginning—there are a lot of people who report, and it just doesn't go anywhere, not because professionals are not believing that person but because they know that the current system does not have the teeth to progress it and see a conviction.

Ms. Eleanor McMahon: How do we change that?

Ms. Nicole Pietsch: There are a number of different issues at play there, so I don't have one answer.

How can they serve better? I think that definitely hearing the complexities of these cases and unpacking how sexual violence is actually happening—and it's not just clear-cut, like one forcible rape or a stranger who comes out of the darkness. In fact, that would be an easier case to convict, because it's a stranger. I think a better understanding of how sexual assault is actually occurring in the lives of people in Ontario communities, as a start, will inform systems to have greater capacity to be able to articulate how this fits the laws, because I think that things like rape shield laws and the way it's written in policy are actually quite strong in a lot of ways. But when you apply it, all these kinds of myths and misrepresentations of what sexual assault actually looks like in people's lives—those components are not being conveyed from the actual policy into practice.

Some of the information that's going into the new action plan aims to look into training or mentoring folks in the criminal justice system to have better strength or

capacity to articulate some of those complexities, and I think that's a really good start. I think having more information about being able to articulate what sexual violence is and the complexity of that definition—it's there in the law, but in people's understanding, it's not.

The Chair (Ms. Daiene Vernile): I thank you very much for informing this committee of your important work today. We invite you to join our audience if you wish to.

Ms. Nicole Pietsch: Thank you.

MS. JENNY TANG

The Chair (Ms. Daiene Vernile): I would call on our next presenter to come forward, and that is Jenny Tang. Welcome.

Ms. Jenny Tang: Thank you.

The Chair (Ms. Daiene Vernile): Please make yourself comfortable. You will have 15 minutes to address our committee and then they will ask you some questions. Begin by stating your name and begin any time.

Ms. Jenny Tang: Before I start, just to let you know some information: For 10 years at work I never even talked in section meetings, so it's kind of scary for me.

Ms. Eleanor McMahon: You're among friends.

Ms. Jenny Tang: Thank you.

Ms. Eleanor McMahon: Take a deep breath.

Intersection: Take your time.

Ms. Jenny Tang: Thank you very much. My name is Jenny Tang, and I'm an IT professional. I would like to thank you for the privilege to speak at this hearing. The action plan showed that it's a widespread problem that victims do not report. In fact, it's a worldwide problem.

Last month, Australia surgeon Gabrielle McMullin said that women in medicine would progress further if they complied with unwanted sexual advances instead of reporting them. Her comment was to stress that reporting sexual harassment was fraught with difficulty.

On April 4, I read a story in Business Standard news. The title was "Tell and Suffer." Tell and suffer is also my own experience since 2008, but this presentation is not about me; it's about my research in the last five years on why victims of sexual harassment at work do not report and what happens after a complaint is made. I will show you that there are nine possible steps to take, but none of them really work.

My research focused on unionized workplaces. In a unionized workplace, the reporting and complaints have their own set of unique complications. Here are the steps available:

Step 1: The victim complains to a manager or HR. I did not understand in 2010 why company authorities ignored my complaint and intensified harassment. Two years later, union lawyers told me it was common that companies do not investigate when a complainant is on sick leave. Making victims sick enough to go on leave is the easiest way to avoid investigation.

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My personal experience: After my complaint, my manager forced me to increase contact with the harasser

by transferring him to my worksite so we could work one-on-one and in person. No one responded to my complaint or plea, but watched me be crushed, hospitalized, and take sick leave.

Suggested changes:

—close the sick leave loophole. Make it criminal if intentionally causing bodily harm;

—define “institutional sexual harassment,” if participated in by HR management and the union;

—HR-independent investigation and training on victim protection.

Step 2: Victim complains to union if HR and management show a lack of action. Union policy is not to get involved in member-against-member harassment, period.

Personal experience: The union ignored my complaint in 2010 for member-against-member and watched me become disabled. Two years later, I kept on fighting. It was intimidating that the same union head repeatedly sent emails of sexual cartoons and video clippings to me. Cartoon captions included:

—“I have PMS and GPS ... which means I’m a bitch and I will find you”;

—“... a new bra for middle-aged women. They’ve called it ‘The sheepdog,’ as it rounds them up and points them in the right direction”;

—“She’s old, but not dead!” A scantily dressed woman went to a Holiday Inn when she met a nude young prince.

I complained about these emails to both the union and HR. No one responded.

Suggested changes:

—sweeping changes to this discriminatory policy;

—sexual harassment is twice more frequent by co-workers then by a manager. The union’s member-against-member policy tolerates the majority of sexual harassment cases.

Step 3: Union grievance. If the union can’t get a quick resolution with the employer, then a grievance likely will be filed. Unmanageable workloads prevent quality assurance. My union local of 300 members had 295 active grievances in 2012.

If a grievance leads to arbitration, it’s a settlement between the employer and the union. There is no guarantee that the victim will be heard. Harassers are not in the process, thus transgression behaviour is not dealt with. The union’s transgression cannot be arbitrated because the union doesn’t fight with the union themselves. Victims lose their jobs. Harassers keep their jobs. A gag order silences the victim.

Personal experience: The union’s conflict of interest is devastating. Victims have nowhere to go, especially if they missed the one-year limitation for the Human Rights Tribunal.

Suggested changes:

—a labour arbitrator to allow the victim’s voice to be heard;

—the company must redress sexual harassment to deter repeating. Monetary settlement is not a licence for future transgressions;

—a gag order in exchange for settlement is not legally required; labour arbitrators should discourage it.

Step 4: Victim complains to company’s joint health and safety committee, as OHSA indicated. JHSC has two parts of representation, for the employer and the labour. Both sides are employees who have conflicts of interest to protect their own careers.

Personal experience: HR assigned my manager, involved in sexual harassment, to represent the employer. The union director, who sent me sexual harassment emails, had been representing the labour side all along. Their conflict of interest failed to reach an earlier resolution for years.

Step 5: Victims call the Minister of Labour to escalate. OHSA enforcement diminishes over the years. In 2011, I called the Minister of Labour. They dispatched an inspector for “ineffective procedure” when the employer failed to follow.

In 2013, they dispatched an inspector only for “incomplete procedure” and if the procedure was not posted on the wall.

In early 2014, the Minister of Labour no longer dealt with “incomplete procedure.”

Step 6: Civil litigation when Minister of Labour is not involved. Civil litigation is not available to union members, who can only grieve. Ontario has 24 labour-specialist lawyers. Most of them work only for employers, and the union hires some of them. None of the specialists will take individuals for labour cases, even for consultation. The vast majority of non-specialist lawyers will not take a unionized employee as a client, because there is very little they could do.

Step 7: Victims file human rights complaints when everything else fails. If the one-year limitation is missed, then there is no case. The process is complicated for self-representation, to master the 35 pages of rules.

Personal experience: I missed the one-year limitation after I was hospitalized twice in 2010. But I went to the tribunal in 2014, after the union sent the sexual harassment emails and the employer failed again to investigate.

Suggested change:

—Workplace sexual harassment is foremost a workplace problem. The Minister of Labour encourages company internal resolution. By the same token, the Minister of Labour should first handle it in its own jurisdiction before passing it to the Human Rights Tribunal.

Step 8: Victim complaint to the Ontario Labour Relations Board. The OLRB does not deal with sexual harassment. The OLRB deals with retaliation against those who reported OHSA violations. The service is not well known and should be promoted at workplaces.

Step 9: Injured victims make claims to WSIB. Sexual harassment risks workplace health and safety, but sexual harassment injuries are not covered by WSIB.

Personal experience: The Ontario Human Rights Commission says employers “violate the code if they authorize, condone, adopt or ratify behaviour that is contrary to the code.”

The WSIB trivialized the employer's violation as "lack of support from management," and the injuries caused by sexual harassment as being "upsetting."

Lack of understanding and lack of insight by government agencies humiliates victims. It discourages victims from coming forward.

Suggested change:

—Training on human rights violations and victim sensitivity.

—Change WSIB coverage policy of occupational injury due to sexual harassment, especially institutional sexual harassment.

Summary: Coin the term "institutional sexual harassment" participated in by corporate management, HR and the union. Legal consequence of institutional sexual harassment ensures complainant safety.

The role of business and business associations: Dealing with complaints might impact the bottom line in the short term, but the complainant is not a troublemaker to be punished and eliminated. This is especially true when the culprit is company-powerful or a star performer. The Ghomeshi case illustrates this.

Attachment 6 shows how CAMH promotes mental health to business. A marketing approach might help in our case.

Businesses are not taking sexual harassment seriously. I did a comparison of awareness of disability issues versus sexual harassment by searching on two business association websites. In both cases, I searched on "disability" and got higher returns than a search on "harass." On the Canadian Council of Chief Executives website, a search for "harass" had no return.

Role of brain medicine for policy change: The Minister of Labour defines that occupational hazards are "safety hazards that cause accidents that physically injure workers, and health hazards which result in the development of disease."

Prominent scientists have established that the brain is the organ of the mind; thus, sexual harassment that causes mental injuries damages the physical brain, and "all disorders of mental functioning are biological diseases."

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Six month ago, Sunnybrook hospital's psychiatry department became part of its brain medicine centre. The chief of psychiatry expressed the same view as above, that sexual harassment as a source of brain injuries and brain disease are occupational hazards.

The role of the Minister of Labour: Currently, the Minister of Labour can deal with a sprained wrist effectively but not deal with sexual harassment. A robust, expeditious and cost-effective mechanism exists for workplace hazards. Once institutional sexual harassment is added to the list of occupational hazards, the Minister of Labour can deter many cases of sexual harassment.

The role of legal cost for going to the Human Rights Tribunal: Self-representation at a human rights tribunal is impossible for brain-injured victims, but the cost of legal representation is prohibitive when income is reduced. In

addition, the victim, the applicant, pays legal costs out of pocket; while the corporation covers the legal cost for the harassers, the respondents. It is also a business expense for employers; therefore, it's tax-deductible.

The role of union policy: Unions believe that it's their legal duty to protect a member from an employer's discipline while it's only a moral duty to protect victims. Recently, an encouraging sign emerged: A handful of Canadian unions posted their policies on the Internet including that a union's legal duty is to ensure an employer provides a harassment-free environment.

The Chair (Ms. Daiene Vernile): Ms. Tang, you have one minute left.

Ms. Jenny Tang: Okay. The US is ahead of us on changing the member-to-member harassment policy. Training workshops on this came out over a year ago.

The role of training: Training for employers and employees has had five years to happen since Bill 168. The grace period is longer than what's needed for getting a bachelor's degree. It's time to hold corporate perpetrators accountable. The action plan pointed out to train first-line staff, which should include staff in the Ministry of Labour, its labour arbitrators, the Ontario Labour Relations Board, the WSIB and the union's policy-makers. Also, train high school and university students by extending workplace sexual harassment training to students through a sex education curriculum.

As a mother of a young employee, I know how vulnerable student employees are. They are inexperienced and new to employment relations. Their chances to be picked on are high, as a casual employee poses the least threat of fighting back.

Lastly, a plea to this committee: Do not back down from protecting and supporting those who report sexual harassment. Five years ago, Bill 168 encouraged reporting, so many did. I was one of them.

Later, the Minister of Labour posted on a website that, "Inspectors cannot ... order an employer to deal with an individual case of workplace harassment." This left complainants out in the cold to fend for themselves. On January 3, 2014, I objected to the Web contents and emailed: "By doing so" they "effectively made the workplace less safe ... because whoever ... stood up to harassment ... brought" themselves serious consequence to "their health and livelihood."

Please do not allow this to happen again—for our confidence to continue coming forward.

Thank you to all committee members for leading this life-saving change to happen. Also, a special thank you to Premier Wynne and the Chairs of this committee, MPP Vernile and MPP Scott, for their great courage. Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much. We have time for one question from each caucus. We begin with MPP Sattler.

Ms. Peggy Sattler: Thank you so much. I hope that something positive does come out of this horrific experience for you. You've obviously done a great deal of research, which should help us move forward so that

other women don't go through the same kind of experiences you've had.

I had a question about your very first recommendation, about creating a category of "institutional sexual harassment." Why do you feel that those particular words—why that label?

Ms. Jenny Tang: Okay. I think it came out—I find it's so much worse when you are grabbed or are being rubbed on your back when HR doesn't support you, and they ignore your complaint and won't support it; and the management, who's so actively involved in sexual harassment, kept on doing it—it's devastating. It's so much more serious not only to us, the victims, but it also demonstrates to the people there, "Don't come out."

Ms. Peggy Sattler: So the only thing you're currently able to report is harassment? What are you currently—what category of—

Ms. Jenny Tang: Sexual harassment.

Ms. Peggy Sattler: Sexual harassment. But you would like it to be specifically institutional sexual harassment.

Ms. Jenny Tang: It's institutional because there is a level, there is a degree higher and more devastating than just sexual harassment.

Ms. Peggy Sattler: I see. Okay.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from MPP McMahon.

Ms. Eleanor McMahon: Thank you for coming here today. You did very well. I'm very proud of you.

Ms. Jenny Tang: Thank you.

Ms. Eleanor McMahon: Congratulations for coming forward. It must have taken a great deal of courage.

I'd like to echo my colleague and say how comprehensive your recommendations are. I had a quick question about one of them, if I may? I think it was number 3:

"Suggested changes:

"—a labour arbitrator to allow the victim's voice to be heard." Can you expand on that a bit?

Ms. Jenny Tang: Okay. Labour arbitration is a process between the employer and the union. They write legal a document, exchange and see the descriptions, and the arbitrator arbitrates. The victim actually is not allowed to talk in that case. You can always request, but whether you are allowed or not is not certain. It's not certain.

My union already told me, "We don't arbitrate the union's affairs." So they can put anything in, but my say doesn't matter.

Ms. Eleanor McMahon: Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final question for you is from MPP Scott.

Ms. Laurie Scott: Thank you very much for coming forward today. You did an enormous amount of work and you were extremely thorough in your recommendations.

Can I just ask, in your case, where did you end up going? Did you get any help from either outside an organization or something resolved anywhere?

Ms. Jenny Tang: I tried to go to human rights, and it's one year past, so there's no case.

Ms. Laurie Scott: I see.

Ms. Jenny Tang: And then it just happened that the union sent me the fourth-last email, and then I said, "Ha ha, I've got it." So I went to human rights, which was good. But then there's no progress on the arbitration side. Human rights informed them that we have a case here, then the union comes and says, "We have an active arbitration, so defer that human rights case," which is fine. Now I'm at the arbitration level and the union said, "We never deal with union problems so we don't arbitrate on that."

I'm trying to go back to human rights on that portion, but I might not have a chance, number one. Number two, the arbitration date is set so far away, it's almost one and a half years from when I filed. By then, the union perpetrator is going to retire. He is, "Ha ha, no case. I'm gone."

It's extremely manipulative. They're playing games all the time. But they never met anyone as crazy as I am, who just kept going after them. But I don't know if human rights will take me because I already had a deferral.

The Chair (Ms. Daiene Vernile): Ms. Tang, we want to thank you very much for coming and sharing your experiences with us.

Ms. Jenny Tang: Thank you very much.

The Chair (Ms. Daiene Vernile): We invite you to join our audience, if you wish to, for the following proceedings.

MS. ELAINE FLIS

The Chair (Ms. Daiene Vernile): I would call on our next witness, and that is Elaine Flis. Please come forward. Ms. Flis, you will have 15 minutes to address this committee. That will be followed by questions. Begin by stating your name and continue after that.

Ms. Elaine Flis: Well, thank you very much. My name is Elaine Flis and it's my pleasure to be here today. I'm a little bit nervous, so we'll see how this goes. I'm going to tell you a little bit about my personal story and then some recommendations that I have; then hopefully, we'll be able to discuss some in the Q&A.

1650

I'd like to begin by thanking all parties of the Legislature for striking this important committee, and to thank you for inviting me to speak today.

The recent government ads asking "Who will you help?" really struck a chord with me, in particular the first vignette, where a girl is virtually passed out but the guys are poised to make an unwanted sexual move on her.

That happened to me. In early 2000, I was at a gathering, and we were all having a great time. The night was coming to an end, and I was left with one other person—this is where it's going to get hard. He took me home and, before I knew it, forced himself on me. He is a man of great wealth and is a public figure. Who was I but a dumb girl who had too much to drink and let him into my place?

I realize now, many years later, that what happened was wrong and I wasn't a dumb girl. It wasn't sex. It wasn't sexual assault. It was rape. It didn't matter what I was wearing or what I was drinking, who he was or that I let him into my place; there was no consent.

This changed the course of my life forever. In my mind I had two choices to make: (1) Call a friend for help, or (2) forget the incident ever happened. I had a flight in three hours to DC for business, and if I cancelled everybody would know what happened. It was, after all, my fault, and the man in question was very powerful, or so I thought. He even had the audacity to take a shower afterwards so his wife wouldn't notice, while I sat paralyzed on my couch.

I decided to leave on that plane to DC and forget what happened. About three years later, I went into a severe depression and I couldn't stop crying. For two weeks I lay on my couch remembering what happened to me that evening. I wanted to kill myself. I had nowhere to turn and I didn't know what to do. The awareness wasn't there at the time, and shows like *Law and Order: Special Victims Unit* didn't even exist—because I would have picked up on that one.

I eventually told a friend, and then, what felt like my never-ending quest for help began. I phoned Women's College Hospital's rape crisis line. Apparently I wasn't in crisis, though, so there was a one-and-a-half-year wait to see someone. Everywhere I called, there was a waiting period.

My friend directed me to his therapist, who took me on as a favour to him, and I started to get counselling at a cost of approximately \$80 per session. I used to see her once a week for a number of years, and I estimate that my total bill was approximately \$40,000. After six months, I also got in to see a psychiatrist who diagnosed me with post-traumatic stress disorder as a result of the rape. I see her once a month for medication management.

There was a period where I couldn't really work, and I experienced first-hand what it might be like for someone with no family or no close friends to rely on. My family supported me so I wouldn't lose my housing, and my psychotherapist saw me for almost three years, deferring my fees to be paid at a later date.

A couple of years ago, after coming to terms with what happened and feeling stronger and more confident about myself, I wanted to seek remedy through our justice system. That, however, was not an option. The statute of limitations had passed and, in the event of civil proceedings, the man in question is a multi-millionaire and would eat me alive in a court of law. I also learned he could turn around and sue me for defamation of character. I was strongly advised against taking legal action for these reasons, and some other reasons as well.

In a nutshell, this is my story. As a result of my experience, I have a myriad of recommendations I'd like to make, but I humbly put forward four recommendations for your consideration.

One of them—and I'm not sure where this lies, because I do believe some recent changes may have been

made—is to eliminate all statutes of limitations on rape cases. It can take someone years to come to terms with what happened to them, or to even have it reach the surface if they bury it deep in their psyche and are suffering from post-traumatic stress disorder. There must be an opportunity to seek justice. Just because 15 or 20 years pass, it doesn't make the event less real or less impactful. It may just mean that that person needed the time to get the medical help, the psychotherapy and the tools in place to actually be strong enough to talk about what I'm talking about today.

I understand that our province is under great financial constraint, but I do put this one forward for your consideration, and that is, to add psychotherapy to the list of services covered under OHIP. How that would work, I unfortunately don't know exactly, because I'm not sure if there is a college of psychotherapists, or how that would work in practice. Many people cannot afford psychotherapy, but it's critical to one's recovery from a traumatic incident. I can realistically say that it saved not only my life but also my relations with my friends and family, because they were really being torn apart when I didn't know what was going on and I was in the height of my PTSD. If it weren't for psychotherapy, for me, suicide was a legitimate option, and I in fact did try to commit suicide but, thankfully, was unsuccessful.

The third recommendation I have is to eliminate the pre-existing condition exemption for insurance companies. This one comes out of left field a little bit. When I wasn't able to work, I wanted to get supplemental health insurance to cover the medications that I was on. Because I was diagnosed with post-traumatic stress disorder, a pre-existing mental illness, I was denied coverage. I went to three of the major providers, who actually advertise now and say that they don't take your medication into consideration, but they still do. I had to pay cash for my medication, sometimes as high as \$2,000 a month, but thanks to my parents, I was able to do that.

Finally—this is a pie in the sky—improve upon the wait times to see a psychiatrist and/or psychotherapist. While people are waiting to seek help, they may be contemplating suicide. With nowhere to turn, one feels ashamed, feels guilty, has intense anger and can't sleep. I felt it was my fault for the longest time. The list goes on.

I'd like to conclude by thanking the committee for your time and for listening to my story, and for your consideration of my recommendations. I realize the financial constraints the government is under, but I feel that the recommendations I've put forward would save money in the long term and, most importantly, would save and transform lives.

Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Flis. Our first question for you is from MPP McGarry.

Mrs. Kathryn McGarry: Thank you. I can't tell you how helpful your story and your very well-thought-out and eloquent recommendations are to this committee. We need folks like yourself to come forward with these stories so that we know where the gaps are in the system.

You've made some great recommendations. The one I think I'm going to focus on today is the legal system.

Ms. Elaine Flis: Yes.

Mrs. Kathryn McGarry: Can you expand a little bit more, from your experience, about recommendations we can do in our legal system? That's from first reporting, right through to conviction. I'm trying to get a handle on what we need to do.

Ms. Elaine Flis: Sure, I'd be happy to. I can just tell you about my experience, which was going to a lawyer who was recommended to me. I sat down with them and told them my story. Then he went back and did some research, and then called me in about a week later. The person in question is someone with profile. He has experience dealing with these types of cases, so he wanted to look at all of the options.

One of the options was my mental state. One of the barriers that I faced—he did say that there was a statute of limitations at the time that I went to him. I don't recall offhand what the amount of years was. He said that there's an exception to the statute, and the exception is if you have a mental health disorder or if you suffer from a mental illness.

He said, "Oh. Well, maybe we can actually make this work, because you have a certified mental illness. But then you face the backlash within the justice system that, because you have a mental illness, you were more vulnerable to the attack."

They can actually use the mental illness against you, even though you're functioning, you're going through life normally, and you're seeing the proper supports and all that kind of stuff. That was, in essence, the gist of my experience with the justice system.

They then said I could go straight to the police, but because I didn't go to the police right away, there was no DNA evidence. There was no evidence. I had already moved, so there was nothing. I got rid of the couch. I got rid of everything that I could have, so there was no evidence. It would have been his word against mine.

1700

Then I also was interested in seeking civil remedy for psychotherapy bills. I kept all my bills and just wanted to get back, basically, what I had put in. That point is where I was told that this person would have the finances to hire high-powered lawyers and that they could then turn it around on me—defamation of character—but also tear me apart. They said, "With your mental health—we know it's pretty good, and you're functioning, and you're working and everything—but are you ready to go through something like that?" It's something that probably would be in the newspapers, so I thought it's probably not something that I'd want to go through. So it's a bit different in my experience.

Mrs. Kathryn McGarry: Thank you so much.

The Chair (Ms. Daiene Vernile): Our next question for you is from MPP Jones.

Ms. Sylvia Jones: Thank you for your presentation, Elaine. I have a couple of questions. You mentioned,

which is horrendous, that at Women's College, you were told there was a one-and-a-half-year wait.

Ms. Elaine Flis: A one-and-a-half-year wait, yes.

Ms. Sylvia Jones: And then, understandably, you didn't want to wait a year and a half. So you had a friend who referred you?

Ms. Elaine Flis: Yes. I had a friend who I just confided in. It turned out that he had seen a psychotherapist.

Ms. Sylvia Jones: So that was going to be my question: The professional was a psychotherapist?

Ms. Elaine Flis: Yes. He said, "Hey, do you want to see mine?" That's right.

Ms. Sylvia Jones: Okay, so first thing, I think that that recommendation to deal with those wait-lists is absolutely critical, because no one should have to wait a year and a half for that kind of service.

This question is probably more to research. To your recommendation about eliminating the statute of limitation on rape, I'm not an expert, but I'm fairly confident that there is no statute of limitation for child abuse, for example. So if we could get where there is no statute of limitation, just so we have an idea, as a committee, where it's already in place.

Ms. Elaine Flis: It would be interesting.

Ms. Sylvia Jones: Thank you for your recommendations.

The Chair (Ms. Daiene Vernile): Thank you. Our final questions for you today are from MPP Sattler.

Ms. Peggy Sattler: Thank you so much for having the courage to share your story. It really helps us understand when we hear a first-person experience like you have shared with us.

One of the things that the research says and that we've heard from other people is about not being believed. The different professionals that you came into contact with—health care professionals, legal professionals—was that your experience? Did you encounter people who doubted your story and made you feel like they did not believe you?

Ms. Elaine Flis: No. I was very fortunate when it came to the medical profession and to the different experts that I sought advice from, even the legal experts and others. They never even questioned me. They just said, "You're telling us this happened. This happened." So we were starting from there.

But I always did have a concern that perhaps friends and family and just people in the general vicinity of my circle wouldn't believe me, because I was drinking—I admit it—and I invited someone into my place. So how could that have happened?

So it's more that there was a stigma around that that I was quite concerned about. But the medical profession and legal profession, they were great.

Ms. Peggy Sattler: Okay, thank you.

The Chair (Ms. Daiene Vernile): Ms. Flis, thank you very much for coming and sharing your personal experiences with this committee. If you would like, I invite you to sit in our audience now.

Ms. Elaine Flis: Thank you.

SEXUAL ASSAULT CENTRE (HAMILTON AND AREA)

The Chair (Ms. Daiene Vernile): I would call on our next presenters, the Sexual Assault Centre (Hamilton and Area), to come forward.

I want to warn you in advance that we've just been told that we may be facing a vote in about 15 to 20 minutes, but we want you to give your presentation. We're going to play it by ear. If you suddenly see us scrambling, if we hear bells, we're just going to recess, and then we will come back after doing that. Okay?

Ms. Lenore Lukasik-Foss: Absolutely.

The Chair (Ms. Daiene Vernile): Please begin by stating your name. You will have 15 minutes to address our committee, and then they will ask you questions, provided we're not interrupted. Begin any time.

Ms. Lenore Lukasik-Foss: Wonderful. My name is Lenore Lukasik-Foss and I'm the director of the Sexual Assault Centre. I was bringing with me someone to co-present, Amelia Herman—I was going to say “unfortunately”; a family has gone into labour, which is lovely, but it means that Amelia, who is a survivor who was going to share her story, isn't able to be here. She has written her story for me to share, so I will deliver that as well as part of the 15 minutes, and you have it in front of you. I'll make it clear when I'm delivering Amelia's presentation.

I feel absolutely honoured to be here this afternoon and to come after some amazing presentations. It was really exciting and sad to hear what the presentations were before me, so thank you so much for creating this moment to allow folks to give input.

I'd like to start by sharing some information about the organization I work with, which is the Sexual Assault Centre. It's our 40th anniversary this year. We provide support to women and men 16 and over who have experienced sexual assault at any point in their lives—and harassment, rape, incest, child sexual abuse etc.

Last year we served about 1,300 folks through our crisis line. We offered immediate information, referrals, accompaniment to hospitals and police, and were just there—supportive listening. Some 300 survivors received individual and group trauma counselling; 4,100 people received prevention education and professional development through our public education program; and about 1,900 women from diverse racial and cultural communities accessed unique services through our Diverse Communities Outreach Program.

The issue of sexual violence, including harassment, is extremely complex—and I know you've had many presentations. Today I thought I would just focus on three key points:

(1) Ensuring that survivors have quick access to high-quality, specialized trauma supports. A year-and-a-half wait is not okay. Any wait, in my opinion, is not okay, but we know that the quicker, the better;

(2) Recognizing the importance of advocacy and system navigation in supporting survivors and ending victim blaming; and

(3) Shifting the focus away from reporting issues and a criminal process to ensuring that victims are appropriately supported and sexual violence is ultimately prevented.

To begin, we are thrilled with the Ontario-wide Sexual Violence Action Plan, and we're happy that community-based sexual assault centres are acknowledged. As I mentioned in my brief introduction, the sexual assault centre that I work for is a community specialist, and we support any and all adult survivors. Working with victims of sexual violence and offering prevention education is our only focus. It's what we do 24 hours a day, seven days a week.

We absolutely need to ensure that all professionals can provide support for victims, but sexual assault and rape crisis centres house tremendous expertise. To use a medical analogy, we are the surgeons or specialists working with general practitioners in our communities. We have the experience and expertise that comes from journeying with survivors in their healing, and in offering trauma counselling, prevention education and outreach services. Community-based sexual assault centres place the voices of survivors front and centre in our work, work that must be recognized and supported.

Secondly, it's also essential that this committee understands the importance of advocacy and system navigation in supporting survivors. Our staff and volunteers spend a great deal of time helping survivors navigate very complex systems and services—for example: hospitals; family, criminal and immigration court systems; police services; housing services; social welfare supports etc. Folks come for counselling, and then we're ending up doing a lot of work navigating systems. You can see that we end up doing a lot of case management involved in our therapeutic work.

We also spend countless hours advocating and fighting for improvements to the broader system, to ensure it responds to all survivors. For example, we might lobby for systemic policy changes or improvements to the criminal court system, including police response. We speak out against victim blaming and the pervasiveness of rape culture in our communities; we know that these attitudes silence survivors and keep sexual violence really hidden.

We also work with universities and colleges to ensure that they address and prevent sexual violence on campus. And I know our centre worked with our local city planners, so we were ensuring that in disaster planning they were responding to and anticipating the spike in domestic and sexual violence that happens after things such as hurricanes etc. These are just a few examples of the kinds of change work that we're involved in.

1710

What's really important to note is that sexual assault centres and other community-based organizations are not a part of the systems that we are critiquing. This is really important. We hear from our community partners; they'll phone me up quietly. They work in large institutions, and they're unable to speak out or take action. The independ-

ence of community-based organizations really ensures that the voices of survivors and the many struggles they face within really well-meaning systems are heard and that action is taken to correct unjust practices.

Finally, in order to really address sexual violence, we must shift the focus away from reporting and criminal responses. I'm not going to go through the statistics; my colleagues have mentioned that.

There's a fabulous infographic that I've included in your presentation, from YWCA Canada. It's amazing because it points out that out of every 1,000 sexual assaults, 33 are reported, 29 are recorded as a crime, only 12 times would charges be laid, and three lead to conviction. That's shocking.

As a society, we are overwhelmingly fixated on increasing sexual assault reporting, and we use a survivor's willingness or lack thereof to report as a means to measure the truth of her claim. But a criminal court response won't necessarily increase support to victims. Our current system is rife with problems that don't make reporting an automatically useful or supportive method for dealing with sexual violence.

In addition, prevention education and public education on sexual violence must be prioritized. Public education promotes a focus on prevention as opposed to catching and imprisoning offenders. We believe that education on sexual violence goes a long way towards the prevention of this serious social issue. It offers innovative ways to challenge sexual violence myths and victim blaming. It creates skill-building opportunities for professionals so that they can appropriately respond to survivors. It delivers programs for bystanders to assist them in recognizing and responding to sexual violence. Today, many organizations—sexual assault centres, the centre for research on violence, and the Learning Network—are doing innovative work on training professionals and the public.

I'd now like to turn things over to Amelia Herman's submission. Amelia is a graduate of small business and entrepreneurship, with experience as a community advocate in both voluntary and professional settings. She is a survivor of sexual violence with roots in both Oxford county and Hamilton. Amelia has been a service user at SACHA, as well as a volunteer since 2011. Amelia has written to share her story though she could not be present with us today.

"I would like to first thank members of the committee and all others in attendance today for your interest and participation, as well as your devotion to ending sexual violence and harassment, and gender-based violence in general. Please know that I understand my experiences to be my own, and though these experiences are certainly reflective of the sexual violence and harassment that others have faced, my perspective is that of a person with certain 'unearned privileges': My light-coloured skin tone, the fact that I do not identify as transgender, and that I am currently physically able-bodied has certainly had defining and lasting positive impacts throughout my journey as a survivor within a society that demonstrates

strong preferences for individuals who exhibit these characteristics. I encourage the committee, and attendees and listeners, to consider in their approaches the needs of survivors from all demographics.

"During my second year of high school, I was sexually assaulted by another student within school walls. After a couple weeks' hesitation, and with the encouragement of a friend, I made a choice to disclose my experience to a trusted teacher. It was unclear to me at the time that from the exact moment I made my disclosure, the power to choose what I would go through would not be my own. Instead, the power of choice in the matter would reside in protocol beyond what was accessible to me.

"Existing school board policy dictated the next step. My teacher was careful and informed me very gently that, unfortunately, she would have to bring this to her superiors right away. Immediately from this point, her superiors not-so-gently informed me that they would be compelled to report what they called an 'incident' to police services. Because the sexual assault took place on school property, charges would have to be laid against the offender.

"Experiencing trauma and attempting at a young age to cope, largely unsupported, with sexual assault, it was not long before my troubles were exacerbated by stressful legal meetings in uncomfortable settings. Alone, I would meet with a detective with whom I had never previously built trust, interact with officers whose names I was not given, and finally end up in a courtroom where a trial, led by men I did not know, would somehow bring about what society often refers to as justice. My experiences were not driven by my needs for support, but, rather, by the needs of systems that sought to prioritize punishing lawbreakers.

"Based on the excellent encouragement I received many years later from SACHA, I have been able to look back on my high school experience and see a mirror opposite of the healthful, empowering support I received as an adult.

"Questioning posed to me in the courtroom included the trope inquisition regarding the misguided belief that sexual assault may have been warranted as a result of any provocation of the offender. I was asked for a description of my clothing at the time of my assault. Had I dressed or behaved in ways that were presumed to be provocative—a highly ambiguous concept in itself—the court may have seen it reasonable to blame me, the victim of assault, for the offender's choices.

"Volunteers and staff of sexual assault/rape crisis centres and community organizations have dedicated countless hours to correcting this perception. Today, as a result of this work, we are well aware that the notion of a victim being to blame for an offender's behaviour is mythical and erroneous.

"Throughout the early stages of my experiences with education professionals within my high school, communication and support were feeble and insubstantial. My feelings were not validated; options were not available or respected; and praise for the courage it took me at this age to come forward was scarce.

“Today, community specialists know that the skills to truly and adequately support survivors are not innate, nor do they materialize out of good intentions. Sexual assault centre experts must themselves be supported and empowered so that skill-building opportunities can be shared more widely, and more professionals and workers alike can become increasingly enabled to respond appropriately and supportively for survivors in need.

“A key element of the negativity I lived through in high school was the resultant tension that grew between my best friend and I, following my assault—we soon stopped speaking entirely. My best friend was a bystander and witness of my assault, and had to be subpoenaed into the courtroom proceedings. With little education, and no training or support, he too lacked the empowerment and resources to recognize and respond to assault in ways that may have prevented the trauma I experienced.

“Present-day innovative bystander programming and training developed and delivered by sexual assault centres can provide much-needed resources and information for countless individuals who will certainly, within their lifetimes, witness harmful attitudes, endangering behaviours, and ultimately sexual violence. Proactive learning techniques and prevention education will encourage Ontarians to assist in ending the prevalence of sexual violence and harassment.

“Without appropriate, adequate and secure funding for organizations like SACHA, few of today’s outstanding support services for survivors would be possible. Over a decade after my assault, SACHA allowed me the opportunity to become accountable to myself and to take power in making my own choices in healing from the trauma of assault and abuse. Sexual assault centres take the courageous and demanding roles of being both the beacons of survivor empowerment as well projectors of survivor voices. To advocate on behalf of the myriad survivor needs and experiences throughout the province, centres must continue to operate with the independence that allows for the continual improvement and correction of policies, practices and laws across Ontario.

“Community experts working and volunteering throughout Ontario’s 41 anglophone and francophone sexual assault centres lead the way in empowering survivors’ voices and livelihoods through the recognition, support and funding granted by the province. It is imperative to the well-being of survivors and for the termination of sexual assault and harassment that these resources become permanently integrated into our understandings.”

Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much. The first question for you comes from our PC caucus.

Just a reminder to our committee that we are shortly facing a bell—so very concise questions.

Ms. Laurie Scott: Thank you very much—a very eloquent presentation, both people speaking. You did a great job.

Ms. Lenore Lukasik-Foss: Thank you.

Ms. Laurie Scott: It has been brought up a lot throughout our committees that the court system isn’t—my colleague’s earlier phrase “restorative justice”—we just throw that out there as to say that the perpetrators do have to be penalized at some point. The survivors, the victims, have to be dealt with in an appropriate fashion, too. Do you have any guidance just in that narrow field, because we don’t have much time for questions?

Ms. Lenore Lukasik-Foss: Yes. I’ve worked in this field for about 25 years, domestic and sexual violence. What I would really say is that the criminal court system is not going to end this problem. We need to spend an appropriate amount of time, energy and resources to fix the system, but survivors mostly don’t want to enter it. What I would see, even if we had a stellar, gold-star system, is survivors are going to choose not to enter it because your private life is laid bare publicly in a most sensitive and intimate way, dealing with sexual violence and trauma.

I think we need to fix the system, absolutely, looking at alternative ways, but restorative justice means that a perpetrator has to acknowledge that he was a perpetrator, which we know doesn’t happen, and the convictions and the idea of someone coming forward and saying, “Yes, I raped that person,” doesn’t happen.

So I think, culturally, what I’d like to see is a focus on prevention education and bystanders because I think that’s where we can get traction. We can prevent sexual violence, end it and send messages to young men and women to be able to intervene, if they see something happening, to prevent it.

For me, my energies are going there. I think the criminal system has lots of work to do, but I think survivors are asking us to have alternatives.

The Chair (Ms. Daiene Vernile): Thank you very much. A question now from MPP Sattler.

Ms. Peggy Sattler: Thank you so much for coming and delivering that two-part presentation. I was really struck by Amelia’s experience in the school system. I was a school board trustee myself for 13 years, and I see all of the great work that’s done. We had the Fourth R, about healthy relationships and all that curriculum focus, but I didn’t think about the education that’s needed for teachers. Is this a focus of your work? I know you talked about 4,100 people who have received education and professional development. Are teachers a focus of the PD that you provide?

Ms. Lenore Lukasik-Foss: Unfortunately, our public education program is a four-day-a-week program—a four-day-a-week staff member—and it’s simply reactive. We don’t advertise; she can’t keep up with the requests. So we will, if teachers ask us for their professional development. We spend a lot of time in grade 9 health class with boys, talking about consent and other things, which is fabulous. So, please, keep prevention education funded.

But know there’s so much work that needs to be done to support teachers. Amelia would like to see that policy change so that young people in schools, if they disclose

to teachers, don't have to have police involved if they don't want to. She didn't want to go through the court system, and it was traumatic.

Ms. Peggy Sattler: Yes, because a teacher would be an automatic, trusted adult that a young woman or man might want to disclose to.

Ms. Lenore Lukasik-Foss: Yes, and in Amelia's case, that's what happened. She didn't realize that it was out of her hands then.

Ms. Peggy Sattler: Right. Okay.

The Chair (Ms. Daiene Vernile): We have a final question for you from MPP Malhi.

Ms. Harinder Malhi: Hi, how are you? I understand that you have membership to the minister's round table, which is an initiative of the action plan. Would you be able to comment on how you feel about the round table and the action plan?

Ms. Lenore Lukasik-Foss: I'm there in a different hat. I'm there through the Ontario Coalition of Rape Crisis Centres and not as my sexual assault centre, but it obviously intersects. I'm really excited about the round table. I'm hopeful. For me, we'll see—the details is always where things are truly what we'll see what's happening. But I have never seen this happen in all my career, this kind of attention to sexual violence. It feels like a moment in time and I really hope we can seize it.

The Chair (Ms. Daiene Vernile): Thank you very much. You may have noticed that the lights are flashing and we can hear the bells. Members, we stand adjourned. Please come back when we're done. We're in recess. Thank you.

The committee recessed from 1724 to 1743.

The Chair (Ms. Daiene Vernile): The Select Committee on Sexual Violence and Harassment will now continue. Welcome back, everyone.

MS. MARYANN BRADSHAW

The Chair (Ms. Daiene Vernile): I would like to call forward our final presenter for this afternoon, MaryAnn Bradshaw. Please have a seat. Make yourself comfortable. You will have 15 minutes to address our committee, and following that, we will put some questions to you.

Begin by stating your name, and begin your presentation any time after that.

Ms. MaryAnn Bradshaw: Thank you for having me. My name is MaryAnn Bradshaw. My presentation is more anecdotal than factual, simply because I am the mother of two disabled children. I was originally going to present three anecdotes, but this is on sexual harassment, not just harassment and abuse. This is based on my own experience with attempting to obtain appropriate and adequate health care for my children.

The third story was told to me by my neighbour, who has cancer, and his experience with the police. I don't know if that's appropriate for this committee, but we can discuss that after the other two.

I am the mother of two children. Both have disabilities. My older child was born with high-end Asperger's

and other mental health problems. The younger one contracted a virus that compromised his immune system, his CNS, and his pancreas when he was only 10.

My older son acted out and was difficult to influence or sway. It was difficult to sway his impulses, which were destructive to property and to others. The so-called experts—a teacher, a social worker and a police officer—strongly suggested that I make my older son responsible for his actions by having him charged with damages and put in jail. I firmly believe that an emotionally or mentally impaired child will not learn any lesson in jail, except how to better damage society, an action that can begin revolving-door actions that will land him back in jail.

It is my experience that an angry child will act out in ways that will get him into more trouble. I spent two years going through the system here, only to find that there was nothing adequate or appropriate for my son's needs. I could not afford private care for him, and OHIP does not cover private care within Ontario. I was forced to find a placement that was suitable outside of the province.

While my son was being treated at London Psychiatric Hospital, now St. Joseph's mental health care, on a locked ward for youth, the hospital had a four-month program that was failing him. The hospital wanted to discharge him to a schizophrenic community. He's not schizophrenic. He would have been lost. Because he was over 16, the system would have abandoned him. It's my contention that he would have ended up in jail. The hospital kept him at my insistence but set him up to be charged with fourth-degree sexual assault.

The ward had a practice of what they called "hugs." Before bed, the staff would have the patients hug each other. This is not a good idea for any institution dealing with raging hormones mixed with dubious behaviour.

My son liked one of the female patients and chose to hug her and to dip her at the encouragement of hospital staff. I was informed by the police officer that she would cry, get angry and beg him to stop, but the staff kept encouraging him. For weeks, they laughed about the ordeal. I was told that the staff did not like the girl and they were attempting to get my son out their charge.

The young woman, who, unknown to my son, had been violently raped before being locked on the juvenile ward in London, informed the staff that if they did not stop my son's advances, she would have them charged. No one informed me of any of this until a police officer called to let me know that my son was being charged with fourth-degree sexual assault and that he would be going to court.

I had visited the hospital on several occasions before this and was always present at family therapy. No one mentioned any of this to me. The hospital gave the excuse that my son was 16 and that didn't require me knowing about this, even though he had signed two form 14s to allow me to remain informed of his actions or of any problems that might be encountered.

The police officer wanted to know why my son was allowed such freedom in such a place. I informed him

that neither the hospital nor my son had kept me informed of any of the behaviour problems. We—my son and myself—went to court three times. The last time, I was allowed to speak. My question to the court was that since my son's actions took place with the sanction, encouragement and approval of the staff, and that the staff had made certain that the girl would be harassed and that my son would be charged, and that all of this took place in public on a locked ward, then why was the hospital not being charged with negligence and encouraging a minor to commit a crime? The lawyers went into a scrum. They decided to reduce the charge from fourth-degree sexual assault to common assault and had my son put on 12 months' probation.

It was only after all of this that I was told by the hospital's patient advocacy office that four of the staff members on my son's ward were charged with physical and sexual abuse of their charges. Two went to jail and two had to find other employment. One of the nurses, a man who went to jail, was my son's primary, who also had military training.

My son was getting worse while under the care of this provincial institution, and I had no way of knowing why unless he told me. Whether it was shame or fear that kept him silent, I believe that my son was sexually abused by the psychiatric hospital staff in London, and his primary nurse and the hospital did nothing to stop the abuse.

While addressing this mess at London Psychiatric Hospital, I had been attempting to find my son adequate and appropriate help through the Ontario government. It took eight months of speaking to anyone who would listen to find the provincial children's advocate. He gave me the number of a woman whose younger child was the first child from Ontario to be treated at Yale psychiatric hospital on a ward for what was referred to as treatment-resistant children. These children have experienced so much that they're usually smarter than the therapists, or at least more clever.

1750

In 1989, Ontario funded Ontario children's mental health programs to the tune of about \$4,200 per annum per child, and blamed the parents when the therapies failed. This information came from a parent support group for children with emotional and mental health problems here in Toronto. While the funding has improved considerably in the last 25 years, Yale funded their programs \$200,000 to \$250,000 per annum per child and had a 96% success rate. My son experienced this quality of programming at Yale for two years before going to aftercare in Vermont. He improved without the drugs that the Ontario hospitals and medical practitioners were forcing on him. Yale's program only used drugs in extreme cases; otherwise, their therapies were behavioural and cognitive. CBT and DBT are relatively new to Ontario centres.

The other mother and I managed to get 11 other children to Yale before the government attempted to close the doors legislatively. We cost the government of Ontario approximately \$30 million in total. The Ontario

government then decided to allow the creation of the Offord Centre at McMaster University in Hamilton and the Aisling centre in Scarborough for children like ours and their families. Why does it take forcing the government to do its job before people are given the adequate and appropriate care that is prescribed in the mandates put out by the province?

I asked the director of the juvenile wing of London Psychiatric Hospital what he would do with \$200,000 for programming per patient. Without missing a beat, he immediately answered, "Get new staff."

Our family therapist in London was a graduate of Fanshawe College. She had to rush to keep up with us in group, and attempted to hold us to her agenda. The family therapist at Yale was a psychiatric nurse who attended Columbia University to upgrade her skills, which were already impressive. We did family therapy sessions with Yale on conference calls when we weren't there.

While much of this has little to do with personal harassment, after reading the hospital reports, the intake nurse at Yale said to bring a suitcase for my son, that the intake interview was just a formality and that I was being abused by London Psychiatric Hospital. I knew this to be true through their lack of co-operation, the attempts at intimidation by the family therapist, and the unwillingness to create a program of recovery that would allow my son to improve. This was all part of our abuse. Yale saw the truth of our family situation, even in the redacted forms that they were sent.

According to the patients' advocate whom I spoke to this past week, institutional abuse and harassment of patients in mental health hospitals throughout Ontario is still of prime concern, and that includes sexual abuse. I would think that the provincial government would have done something to protect the civil rights of the people they are supposed to be caring for. The waste of tax dollars in useless forms of treatment and overpriced pharmaceutical drugs that do more damage than good has got to stop, especially after 26 years.

Was my son sexually assaulted? I have no way of knowing for certain unless he tells me, and he's a grown man now. All medical practitioners, social workers and any people who worked with children and/or youth would ask me if I knew by who or when my son was raped, because his acting out was textbook. His Asperger's, ADHD, and OCD became the central focus of our lives, and we got pretty much no support.

At my university graduation two years ago—I went back to school—my son informed the director of my program that I was there because of him. He was not wrong. While improvements have been made, the spaces for children are still insufficient and still lacking educationally qualified help who are stable and not pedophiles. We, the parents, should not have to fight to get our children the help they need, nor should we fear the type of care our children are receiving. It's my understanding from fellow students at Ryerson that these problems still exist because children with Asperger's, children with any

of these mental health issues still do not receive the appropriate, adequate support they need, nor are the parents given the appropriate or adequate support they need in dealing with these kinds of behavioural problems.

Now, I could go on to my younger son, but I don't believe he was sexually abused in any way, shape or form. We were abused by the system and by the medical practitioners, but not in a sexual way.

The third anecdote is about one of my neighbours who was arrested because he resembled somebody who was a drug dealer in our neighbourhood, which has nothing to do with what this committee is doing here.

I am so glad this committee is here because, according to the Health Law Journal, volume 12, "In 1991, the College of Physicians and Surgeons of Ontario ... established a task force...." Their recommendations were "a policy of zero tolerance toward sexual abuse and the development of policies, procedures and educational programmes to support that position."

Unfortunately, today, we are at this committee meeting trying to do just that. From 1991 to today? I mean, that's a travesty.

The Chair (Ms. Daiene Vernile): Ms. Bradshaw, you have one minute left.

Ms. MaryAnn Bradshaw: Thank you. In conclusion, there's no enforcement, there are no statistics on patient abuse or rape from any health institution in Ontario, not at the federal level, not at the provincial level and certainly not at the hospital level. They do not keep stats on these things. We need to know—not necessarily the entire populace—but we certainly need to be able to access information that will allow this committee to do its job, to know how many children are being sexually and physically abused at the hands of health care professionals. Thank you.

The Chair (Ms. Daiene Vernile): Thank you. The first question for you is from our NDP member, Ms. Sattler.

Ms. Peggy Sattler: Thank you very much for taking the time to come to the committee and share your family's story. It would be helpful to the members of the committee if you—based on your personal experience, do you have some specific recommendations that you think would help prevent other families from going through a similar kind of experience?

Ms. MaryAnn Bradshaw: Well, statistical standings would help. I believe that if people knew the quality of care that was available on a locked ward for children, they would never put their children there, because this kind of abuse, as I said, according to the patient advocate, is systemic. There needs to be some way of weeding out people who will do this kind of heinous act towards a child, any child. This is something that I hold very dear. I believe that children should never, ever, ever be interfered with in any way. Their rights should be primary to a committee like this and to parents in general.

Solutions? Make things transparent. Educate the public as to what is available. Other than that, I'm sorry, I'm at a loss, even today.

Ms. Peggy Sattler: Okay, thank you.

The Chair (Ms. Daiene Vernile): Thank you. Our next question for you is from MPP Lalonde.

Ms. Marie-France Lalonde: Thank you very much for being here today and sharing. I guess, from a mother to a mother, your story about the health care system that, in your view, has failed you. I'm very sorry about that.

Ms. MaryAnn Bradshaw: Thank you.

1800

Mrs. Marie-France Lalonde: Actually, I'm a social worker; I used to be. I worked at the children's hospital and children's aid society. It brings a little bit of, you know—it comes to see me, you know?

Ms. MaryAnn Bradshaw: It's personal.

Mrs. Marie-France Lalonde: But one aspect of what you shared with us—I wanted to know, and I'm a little bit curious—is the program that you refer to as Yale—

Ms. MaryAnn Bradshaw: Yale University psychiatric hospital.

Mrs. Marie-France Lalonde: Can you tell me a little bit about what your experience was while there, and, you know, maybe share with this committee why it was positively received and the difference that you felt?

Ms. MaryAnn Bradshaw: Okay. At London Psychiatric Hospital, we would show up for family therapy. We would be asked questions and asked to explain ourselves and what we thought my son would need. I thought that was for the experts. I was much less adamant than I am today.

At Yale, he was on a ward for what they call treatment-resistant children. These are children who have gone through the system and have learned. Children are very resilient, and they learn very quickly. What happened was, he would listen intently and then focus on weakness and exaggerate the weakness of the person who was talking to him, and he would actually cause them to react. That's what he considered his win.

What Yale did was, if you acted out behaviourally, you had time out. You had to earn your privileges. You had to build on those privileges to the point where you got on a board—a committee like this—where you established the rules and regulations that ran the ward. Everything had to be voted on. They taught them responsibility and what it meant to be responsible, something that I had tried to do with my son but, because of his mental illness, he wasn't amenable to me teaching him anything at that point in time.

They taught him that he had abilities that even he didn't know he had, and that he could curb those abilities for the greater good. I was very pleased to see that, because when he was at home, regardless of how I reacted to him, positively or negatively, everything was a struggle. I think that's simply because I was his mother.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final question for you today is from MPP Scott—oh, I'm sorry, MPP Jones.

Ms. Sylvia Jones: Thank you, MaryAnn. I'm quite interested in your comment about the fact that there are no stats that are kept regarding children who are in our

provincial institutions and who have been abused—by staff, I'm assuming, or just generally?

Ms. MaryAnn Bradshaw: Yes, by staff.

Ms. Sylvia Jones: Okay. My question is—and this may be unfair, because it looks like you went through the legal system fairly quickly—was there an opportunity, or was there a point in your situation, where you were able to, for lack of a better word, file that formal complaint against the institution on behalf of your son?

Ms. MaryAnn Bradshaw: I was more concerned with getting my son the help he needed. I don't know what the time frame for that is. So, no, really, I didn't.

We ended up in court three times. Like I said, the last time, when I got an opportunity to speak, I wanted to know why the hospital wasn't being charged. Of course, the lawyers went into their little scrum and made the decision to reduce the charge to common assault.

When I took my son out of the province to Yale, I called his probation officer in London. You see, my son had been moved from Toronto to Kitchener and from Kitchener to London because CAS did not want to have to deal with him here. They didn't want to have to deal with me here.

Getting appropriate and adequate care is part of the CAS mandate. Because I did not have the funding to afford that kind of care, I was forced to sign my son over to CAS in order to get that care. They assured me that that care would be forthcoming at a place called Amity in Kitchener. Amity is a group home for young criminals. My son had never been involved with anything illegal prior to this, and what he learned there was how to do that.

I moved from Toronto to Kitchener to be near him, and then from Kitchener we took him to London, because that's their catchment zone. That's how we ended up in London. And London was completely non-co-operative.

Ms. Sylvia Jones: So after your court proceedings, is that when you were able to tap into out-of-province assistance through Yale?

Ms. MaryAnn Bradshaw: Yes and no. While my son was in London, I was, as I said, on the phone every day, from 8:30 in the morning until 5 at night, talking to anybody who would listen. Finally, I found the children's mental health advocate for the province—or the children's advocate for the province; the mental health

advocate was a complete disaster. She was making way too much money and had no care for the children, in my opinion. But the children's advocate for the province was a lovely gentleman who, while reluctant to help—I finally said, "If you're not going to help these kids, who is? Isn't that part of your job?" That's when he gave me the telephone number of the other mother, the first mother from Ontario whose child had been treated at Yale. My son was the second.

The Chair (Ms. Daiene Vernile): Ms. Bradshaw, I want to thank you very much for coming and talking to this committee today and sharing your information with us.

To our committee members, I have some house-keeping to take care of with you, so please mark your calendars. We are going to be meeting on Monday, May 11, from 2 till 6 in the afternoon, depending on the number of witnesses that we get.

That concludes our meeting today. Our next meeting is going to take place next Wednesday, April 29, at 9 a.m., and then we meet again in the afternoon at 3:30 p.m. until 6.

Yes, Ms. Jones.

Ms. Sylvia Jones: Can I ask a research question?

The Chair (Ms. Daiene Vernile): Absolutely.

Ms. Sylvia Jones: There were a couple of presentations today that talked about how the justice system, the justice route, is not ideal. What I'm interested in is what is the recidivism—

Ms. Eleanor McMahon: Recidivism. It's a hard word to say.

Ms. Sylvia Jones: Yes, that one. Do we have any stats on that? If we do, can we provide them? Because I'm a little concerned that if we don't stop the offenders, we're actually making the problem worse.

Ms. Erin Fowler: Is this just for Ontario, or—

Ms. Sylvia Jones: Ontario if we have it, and if it isn't available in Ontario, I'm sure that we could extrapolate using Canadian numbers.

Ms. Erin Fowler: Okay.

Ms. Sylvia Jones: Thank you.

The Chair (Ms. Daiene Vernile): We'll get that information for you.

This committee stands adjourned until next week.

The committee adjourned at 1809.

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Mercredi 29 avril 2015

Select Committee on Sexual Violence and Harassment

Strategy on sexual violence
and harassment

Comité spécial de la violence et du harcèlement à caractère sexuel

Stratégie de lutte contre
la violence et le harcèlement
à caractère sexuel



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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

Wednesday 29 April 2015

COMITÉ SPÉCIAL DE LA VIOLENCE ET DU HARCÈLEMENT À CARACTÈRE SEXUEL

Mercredi 29 avril 2015

The committee met at 0900 in committee room 1.

STRATEGY ON SEXUAL VIOLENCE AND HARASSMENT

The Chair (Ms. Daiene Vernile): Good morning, everyone. The Select Committee on Sexual Violence and Harassment will now come to order. I'd like to welcome all of the presenters and the guests who are with us here today.

Let me share with you the mandate of this committee. We are here to listen to your experiences as survivors, front-line workers, advocates and experts on the issue of sexual violence and harassment. You are going to inform us on how to shift social norms and barriers that are preventing people from coming forward to report abuses. Your advice will help guide us as we make recommendations to the Ontario government on dealing with systemic sexual violence and harassment.

However, I should stress that we do not have the power or the authority to investigate individual cases. That is better left to the legal authorities.

We welcome you and thank you for adding your voice to this very important issue.

CANADIAN FEDERATION OF STUDENTS—ONTARIO

The Chair (Ms. Daiene Vernile): I would like to call on our first presenter to come forward, and that is the Canadian Federation of Students—Ontario. Please have a seat and make yourself comfortable. You're going to have 15 minutes to address our committee, and then they are going to ask some questions of you. Start by stating your name. Begin any time.

Ms. Anna Goldfinch: Thank you. My name is Anna Goldfinch. I'm the Ontario representative of the Canadian Federation of Students. I represent 350,000 college and university students across the province of Ontario.

The Canadian Federation of Students, just to give you a bit of background, is the largest students' organization in the province, representing full-time and part-time university and college students from the undergraduate, graduate and professional levels of study. We represent students who go to school in English and in French and who are on bilingual campuses.

Today, I'd like to tell you a little bit about my own experience as a student and as a student representative and the history of activism students have had around the issue of sexual assault, and to present our three recommendations around mandatory consent education for all students in Ontario, institutional accountability, and funding for training and support.

I'm sure many of you will agree with me that going to college or university can be an amazing experience. For some, it's the first time that they live away from home. For others, they might experience or discover their academic passion or solidify some of their career goals.

Like many of the students I represent, I found much worth in my university experience. However, also like many of the students I represent, I dealt with the difficult reality of sexual assault, violence and harassment on my own campus.

This experience is ubiquitous on all campuses. Occasionally, we hear one or two make the headlines: the University of Ottawa, Lakehead, Carleton and Dalhousie—not just in our province. However, students know that it's happening on all campuses, not just the ones that are making the headlines.

Essentially, what I am trying to tell you today is that sexual assault is the norm on our campuses. The statistics back up my experience and the experience of students I am presenting on behalf of today. One in five women will be sexually assaulted in university. That's 20% of my classmates—the women on our dorm-room floors and in our study groups.

This isn't a new issue, either. The Canadian Federation of Students has been working on this issue of sexual assault since its beginnings, when it was founded in 1981. This is why we developed the No Means No campaign against rape culture and sexual violence on campus. Since then, students have been at the forefront of this fight on our campuses.

Now, you would assume that we were applauded for this work, that task forces were set up and that administrators were sensitive to our recommendations and collaborated with us. This is not what happened. Student activists working on this issue have been met with resistance by college and university administrators for years. We have heard excuse after excuse as to why we cannot have better prevention, policies and procedures, and supports.

We have constantly been told that students were not mature enough to discuss the topic of sexual assault, that if we adopted sexual assault policies, parents would think sexual assault actually happens on our campus—spoiler alert: it does—and that there is no need for sexual assault policies, because we have general harassment policies that are overarching and cover this subject.

This rhetoric became so common across the province that our organization even had to develop a guide on how students could respond to administrators who gave them these excuses of why this important work couldn't be done. We called it Snappy Responses to Spicy Pushback. I am proud that, despite this pushback, the Canadian Federation of Students has continued to work on this issue, and our local student unions have stepped in to make our campuses safer.

For years, students have had to take matters into their own hands, incorporating consent training into orientation, educating students about sexual assault at campus pub nights, and setting up sexual assault support lines run by and for students. However, we continued to say that our efforts weren't enough. We needed institutional support, more resources, and the political will to make real change. This year, students finally saw leadership on this issue from our provincial government. Premier Wynne acknowledged that not enough was being done on the part of post-secondary institutions to prevent sexual assault on our campus, nor was enough being done to support those who had experienced this violence. Her promise to introduce legislation that will mandate colleges and universities to adopt stand-alone sexual assault policies and to involve students in this process will build the foundation for better and safer campuses. These policies will help to acknowledge the reality of rape culture on campus, to establish a culture of believing those who have experienced this violence, and to take responsibility for the healing and accommodations that students need.

Although this will help, we know that our universities and colleges need to be held accountable to these policies because to date the responses to sexual assault on campus have been adequate at best and non-existent at worst. It is for this reason that our first recommendation to the committee is for the government of Ontario to establish a post-secondary sexual assault accountability division. This could make an enormous difference on our campus in effecting real and tangible change.

As I mentioned earlier, the issue of sexual assault is not unique to one campus. Recognizing that it happens across the province, we need to establish ways to track the policies and supports that exist, the number of students who are being sexually assaulted, and what types of prevention programs are in place and how they're working. The accountability division could do all of these things.

Firstly, the division could take stock of all existing sexual assault policies on campus, making it a hub of institutional knowledge of common and best practices. This would eliminate the duplication of work and give

institutions access to province-wide knowledge about sexual assault policies.

Additionally, they could set data collection standards so that universities and colleges all collect the same information from students who have experienced sexual assault. Currently, no provincial analysis can be done on the number of students who have been sexually assaulted because universities and colleges all collect the information differently. In fact, when the CBC tried to do a cross-campus comparison, they were not able to do a true analysis because—get this—some schools collected data on a calendar year, while others did it on the basis of the academic year. Clear data standards would mean that the division could collect information from all post-secondary institutions, perform real analysis on these numbers, and evaluate the effects of the implementation of prevention programming and better supports on campus that the Premier's plan has mandated.

Lastly, this division we are recommending can hold institutions accountable to supporting students who have experienced sexual violence. Currently, the way that it works is that students have no recourse if they are sexually assaulted and report this incident to the institution and the institution does not follow their policies or does nothing to help the student. These accountability measures exist in other jurisdictions like the United States, and they give students the ability to report their university's or college's inaction and ensure that they are given the support and accommodations they need, without having to navigate the institution's enormous bureaucracy and be re-victimized. This division would bring Ontario up to speed in terms of the infrastructure made available to students who have experienced sexual assault by holding institutions accountable to the policies they soon will pass under the proposed legislation.

It is incredibly important that universities and colleges are held accountable, but it's also important that they are given the resources they need to improve their approach to sexual assault prevention and support. Student groups are doing the best they can with minimal resources, but we need to be able to expand to serve all of the students who need this support. A \$41-million investment was announced with Premier Wynne's It's Never Okay plan. Students are asking that \$6 million is allocated to a post-secondary sexual assault support fund that would be adjudicated by our accountability division and that is made available to colleges, universities and student groups so they may apply for funding to develop or enhance existing education or training programs and to support resources on campus and in the greater campus community.

0910

A post-secondary-specific fund is important for many reasons. First, just as an example, the colleges have recently passed a blanket policy that all institutions will have to adopt. This policy appoints one staff member as the go-to person for when a sexual assault occurs on campus. If we think about it, the minimum standard here

is one person. What happens when that one person goes to sleep? What happens if that one person takes a sick day or a vacation? We're not really sure. Also, what's the minimum standard of training that this one person will have? We want all colleges to be able to apply and receive funding to train these point people on campus without having to compete against local rape crisis centres, who also desperately need these resources.

Additionally, student groups who run sexual assault centres or support lines need funding to expand the amount of phone lines that they run and to move from volunteer to paid labour to ensure that there is always someone available to talk to and provide support. We've heard too many times that students who have experienced sexual assault go to one of these student-run support centres and unfortunately, because they're volunteer-led, it takes a little bit of time for them to get served. So it would be really great if we could be able to move from volunteer to paid labour.

This \$6 million can contribute to the cost of training staff and faculty on the new policies that will be implemented on campuses across the province to make sure that the policies actually work, that they're put in place and that everyone knows how to use them and direct students to them.

Accountability and funding for training and support will help ease the pain of students who experience sexual assault. However, as students, we cannot ignore the power of learning and education as a vessel for change.

Preventing sexual assault is not an easy task. It involves challenging complex systems of oppression that have been learned over time. It takes confronting uncomfortable topics like sexism and misogyny, and openly talking about consent and sex. But education is the only way that we are going to be able to shift this culture on our campuses.

The Premier already acknowledged in her announcement on March 6 that education was important. Her action plan called for all students to have information about preventing sexual violence and harassment, starting with their first week of orientation and continuing throughout the year for students in all years of study.

The Canadian Federation of Students—Ontario supports this initiative. However, we need something more concrete put in place because, as we know, conversations about this difficult topic rarely arise out of our administrators' good will. We need to make consent education mandatory for college and university students, starting with obligatory orientation training.

Because students and student unions have been engaging in this education work for years, we are experts. We know that the best way to do this is through smaller, in-person workshops with residence advisers, orientation leaders, program mentors and support centre coordinators, along with elected student representatives. We need every student in Ontario to engage with the topic of consent in this way.

Additionally, it is important that training happen as early as possible because, as we know from a 2003 study

done by the Canadian Department of Justice, many on-campus sexual assaults happen within the first eight weeks of school. If you think that this is unnecessary because the new Ontario sex-ed curriculum will cover the issue of consent, think again. Our universities and colleges are home to more than just those students who go through the Ontario public school system. Students from other provinces and other countries attend our institutions as well, and it is important for everyone to have at least an introductory level of knowledge of what consent is and what it isn't.

With a better understanding of what consent and sexual assault are, with better accountability measures that ensure we will have the information that we need to make change and that students will have recourse if ever they are not afforded the support and accommodations they deserve, and with funding for better training and support services, we will be able to make campuses a safer place again for Ontario students.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first set of questions for you is from our PC caucus. MPP Jones.

Ms. Sylvia Jones: Thank you, Ms. Goldfinch. I have a question related to one of your recommendations. It's the last one: "Adjudicate a long-term sexual assault support resource fund available to students, campus groups, universities and colleges for education, training, or to develop or strengthen existing support resources." Can you tell me or do you have any anecdotal examples—are the students accessing the resources that are available to them within the community?

Ms. Anna Goldfinch: Absolutely. One of the things that we have found with the issue of sexual assault is that it is not as neat and tidy as we would like it to be when it comes to providing support. For example, on a campus, if a student is sexually assaulted off-campus, they might go to the on-campus support or they might go to off-campus support. It really depends on what is available on campus, what is available off campus and what is advertised.

For example, we know that at Ryerson, a lot of students come forward to the on-campus support because there is a student-run sexual assault support line that students can call into that's open almost 24 hours a day. However, we do know that some students, because we are in Toronto, have many other resources as well, and will go to those resources.

I think one of the biggest things in this is just making sure that whatever resource is communicated, we communicate it well. I don't think it matters if students go to off-campus support or on-campus support, but we need to make sure that those supports are well-known and they're advertised, and they're part of the training that we're giving during orientation—it's part of the education of all staff members, faculty and administrators—so that they know where to point students.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions for you are from our NDP caucus.

Ms. Catherine Fife: Good morning, Anna, and thank you very much. I think you do bring a unique experience

to this table. Obviously, your federation has a lot of history on this issue.

I think a lot of people would be surprised to learn that sexual assault is the norm on college and university campuses. I think that's why the media attention was so intense. I like your message of no more excuses. So I'd like to get you on the record, please, here today. You've asked, of the \$41 million that was announced on March 6, that \$6 million be dedicated towards the recommendations, including collecting data, which obviously is key to addressing a problem—you have to understand the problem. Can you make it very clear to this committee what would happen if that \$6 million does not flow towards mandatory education on sexual assault?

Ms. Anna Goldfinch: Essentially, what we'll end up with is a hollow promise. We will end up with policies that exist in paper copy only. Students will continue to come forward and be met by administrators, faculty or staff who do not understand how the process works, what supports are available, or that the supports on campus will be inadequate to make sure that students have the supports they need.

I think it's very important that we get the \$6 million, because one of the things I've heard students from across the province saying they're worried about is that these policies are going to be put in place, and what happens afterwards? I just heard from a student from Queen's University who has been very active in the sexual assault policy there, and she said to me, "The recommendation from the Premier came and talked about 24/7 support. What is that going to look like? Because the only 24/7 support that we have right now is campus security, and they don't have the best reputation for dealing well with sexual assault." If we don't get the money we need, we're not going to have a 24/7 person, or we're not going to be able to train security so that they can improve their response.

The Chair (Ms. Daiene Vernile): Thank you very much. We want to make sure that we have time for everyone to ask you questions.

Our final questions are from our Liberal caucus.

Mrs. Marie-France Lalonde: Hi, Anna. Thank you very much for your presentation. I guess we talked about policy and we heard your perspective, and thank you very much for that. I wanted to go back to a point that you made in saying that sexual assault is the norm on campuses. How do you think we can change that statement? That conflicts me, as a mother. So maybe I could have a little bit of you discussing this?

Ms. Anna Goldfinch: Absolutely. The Canadian Federation of Students has been at the forefront of trying to come up with a vision of what the opposite of this norm would be. So if the norm right now is rape culture, we've been working on a vision with students from across the country about what consent culture would look like.

I think that what we are trying to do with mandatory education is show students, from wherever they may be from, what consent looks like; how rape culture can be reinforced in the media and how we don't want to

recreate that on our campuses; how we want to move towards consent culture and make sure that students understand what consent looks like and what it doesn't look like—because I think there are grey areas, and students have never had the opportunity to have that conversation about what it looks like and what it doesn't. So I think that making a space where students can feel comfortable about talking about that, and students being able to come forward and talk about their experiences with rape culture, is really, really important. It's going to be uncomfortable, but we need to have those conversations.

0920

The Chair (Ms. Daiene Vernile): Ms. Goldfinch, thank you very much for coming and appearing before this committee today. You're welcome to join our audience now and listen to the following presenters.

WHITE RIBBON CAMPAIGN

The Chair (Ms. Daiene Vernile): I'd like to call now on Todd Minerson, with the White Ribbon Campaign. I want to encourage our committee members just to remember that we have gone to 20-minute presentations now, so 15 minutes for our presenters, leaving us each one minute for each caucus to ask a question. So I encourage you to be concise.

Please begin by stating your name and begin any time.

Mr. Todd Minerson: Sure. My name is Todd Minerson. I'm the executive director of the White Ribbon Campaign. I am also a member of the minister's permanent Roundtable on Violence Against Women. One other hat that might be interesting is that I'm also a member of the United Nations Secretary-General's global network of men working to end violence against women. So a couple of different hats that I wear here today. I will take your advice as well, Madam Chair, and keep it brief so there's time for questions.

I wanted to really address two specific questions today about how we engage men and boys in preventing sexual violence and harassment, and really look at two fundamental questions: Why should we engage men and boys, and how? I think that they seem like they might be obvious questions but they do require a bit of dedication to unpacking them and talking about them a bit.

First, a little bit about White Ribbon: We are an Ontario-based, non-profit organization that works across the province but also across the world on preventing violence against women and girls by engaging men and boys. We work on all forms of gender-based violence. We started here in 1991, a few short years after the Montreal massacre, with some men in Toronto, including the late Jack Layton, John Tory and a number of other men who got together and said that there needed to be a place for men to have a role and a responsibility in working to end violence against women.

Those men came up with a pledge that we still use today: to never commit, condone or remain silent about violence against women. Today, we're the only national

organization that's working on violence prevention with men and boys to end gender-based violence.

We also have the great honour of having over 10 years of relationship and support working with the province of Ontario through the Ontario Women's Directorate. I'll tell you a little bit more of some of those interventions in a few minutes.

To start, let's try to tackle this first question about why we should work with men and boys on ending sexual violence and harassment. What does the evidence base tell us? Well, if you only open a newspaper in the last couple of months, you can see the kind of narrative around men and violence against women, and that would be the narrative of the Jian Ghomeshis, the Ray Rices, the Bill Cosbys, the dental school students, the university hockey teams and the countless other perpetrations of violence against women that we can see every day in the news that kind of saturate our collective consciousness. No doubt it's evident to you at this committee as well, for all the testimony you've heard in the past couple of weeks and months, the scope and nature of the problem.

But one of the things that I want to challenge a little bit here is that there's not only a role for men as part of the problem and in that troubling aspect around violence against women, but there is a role for men in the solution to ending violence against women. I would mention a couple of other men whose stories may not be as familiar, but a man named Glen Canning, who is the father of a young girl named Rehtaeh Parsons, who committed suicide after being sexually assaulted and having pictures of her assault sent around her high school. Glen has now become a passionate advocate to end violence against women.

I'll tell you about another boy I met at the United Nations two months ago. His name is Max Bryant. He's 13 years old. He raised \$40,000 for girls to go to school in Pakistan because he heard a speech on YouTube by Malala Yousafzai, and he said, "Why wouldn't I do that? Why shouldn't women and girls have a chance to go to school safely?"

So there's a narrative around men as perpetrators of violence that we want to challenge and disrupt also at White Ribbon—that men can also be part of the solution. We are working vigorously to do that.

We know most men will never use violence against women, but too many men are silent about it. Too many men don't know what to do about it and too many men are not taking action on ending violence against women. We know that all men and boys have the promise and potential to be part of the solution, and we are engaging thousands and thousands of men across the country to do that.

At White Ribbon, we've come to identify this approach as primary prevention. Simply put, that's trying to prevent the violence from starting in the first place, and to engage men and boys in practical terms with which they can speak up, speak out, and challenge and change those social norms that you mentioned, Madam Chair, and that this committee's mandate is looking at—

those social norms which say men are perpetrators and not part of the solution; those social norms which say that men don't have a role to play. We know there are countless ways to activate those kinds of roles in society, and we're working on doing that.

In this part, it's a complementary piece to the vital work that must continue with support and transition and sexual assault crisis centres with women. Unfortunately, we know that aspect of the work is not going away, but prevention has to be a complementary piece to that. In our view, it's a vastly under-tapped and underrated approach to solving this challenge. It's difficult and frustrating work at times. It has challenges, and it can cause more harm than good, if not considered carefully.

The thing that we don't frame this as is an investment—it's investing in prevention before the problem starts. A researcher from BC, named Colleen Varcoe, did a great study of the cost of violence against women in Canada in 2011. Her best estimate was about \$6.9 billion per year to the Canadian economy, to deal with the issue of violence against women.

Researchers at the Shift project at the University of Calgary have estimated that for every dollar spent on prevention work, up to \$20 could be saved downstream in terms of violence against women.

So not only do we have an ethical and a moral obligation to involve men in preventing violence against women, but we also have a really promising policy tool that we could be leveraging here in a more effective way.

When we think about primary prevention, we have to think about root causes. From White Ribbon's perspective, there really are three root causes to sexual violence and harassment. We know it's extremely complex, but we can boil it down to these three things.

The first is the fact of gender inequality for women in the world, still. If we look at gender inequality as a spectrum, then we can obviously put the tragedy, trauma and violence, and fatality in sexual assaults on one end of that awful spectrum of inequality.

The second is this idea that there are really harmful and violent aspects of masculinity that contribute to this violence. Not all of masculinity is bad. But how are men socialized and brought up to bring into their consciousness that it's okay to use violence against women; that, somehow, sexual activities are their right; that women are objects to be utilized in that fashion? Think about the things that we teach boys: "man up," "boys will be boys," "boys don't cry," "you throw like a girl," "don't show emotions," "fight," "take what's yours." All of these negative aspects of masculinity come with great costs to women and girls, but they actually come with great costs to men and boys as well.

There's a third aspect that would take a whole other select committee, and that's the idea of aboriginal communities and the effect of colonial violence and trauma, but that's not really what we're here to talk about today.

In this work, we know there are a few promising practices that work, if we move to how to engage men and boys. We know we have to use a strength-based

approach. We know that using guilt, shame and fear doesn't actually change attitudes and behaviours in the way that we want to.

We know that showing the way to have healthy relationships, showing the way to be accountable to women, modelling that kind of behaviour, is something that does change those attitudes and behaviours.

We know that there's evidence that points us to the fact that if we want to change men, we have to engage men and to talk to them. Unfortunately, still, men listen to other men when it comes to this stuff, so we have to work on engaging men through peer and near-peer models to make that happen.

We know also—unequivocally—that when we work on issues of gender equality with men, violence goes down. We've seen repeatedly across the world, in study after study, that when we teach men about gender equality, the violence goes down.

As I mentioned, we have to challenge these harmful masculine stereotypes. I'll give you a quick example. If we use some of the common kinds of stereotypes around victim-blaming—when a woman is sexually assaulted, some of the first things that men often say are, "What was she wearing? Where was she? What was she doing?" But if we unpack that statement—"What was she wearing?"—what are we actually saying about men? That we're a miniskirt and a couple of beers away from being rapists.

These are the kinds of harmful masculine stereotypes that we also need to address if we're going to make these kinds of social norm changes.

Through the province of Ontario and the Ontario Women's Directorate, White Ribbon is engaged in a number of these kinds of evidence-based projects around sexual violence prevention. I want to just draw your attention briefly to two of them.

We're important partners in the Draw the Line campaign development; we've been working on the components around engaging men and boys. We also are funded to do a program called "It starts with you. It stays with him."

We recently launched a component called I'm a Male Model, and there are a number of folks here who have been part of that particular campaign. But that campaign is based in the research that tells us—when we asked men what they were willing to do to end sexual violence, they said they were willing to talk to young men in their lives. "It starts with you. It stays with him" is a campaign aimed at trying to activate men's roles as fathers, educators, other family members, coaches and volunteers and leaders in communities, to do that kind of work around healthy relationships with men and boys.

0930

Briefly, we're also working on a project with Status of Women Canada, called our national community of practice, where we're facilitating the connection of nine Status of Women-funded projects across Canada that are working on prevention efforts with men and boys. We're bringing the evaluation data from those nine projects

together and we're going to be developing the first-ever made-in-Canada toolkit on best practices for engaging men and boys.

The last couple of things I wanted to talk about were what I call—one of them is called the "non-negotiables," because when we talk about engaging men and boys, it's not as simple as throwing up a poster in a boys' locker room. There really are three fundamental—or four fundamental, rather—things that we need to consider when we talk about engaging men and boys.

The first is that it has to be done through a human rights' and women's rights framework. Again, if we're not working on gender equality, we're not getting to one of the root causes and we're not actually going to solve the problem. All of our efforts with men and boys have to be framed in that concept of women's rights/human rights.

Second, the work we call for has to be gender-transformative. This is that challenging those harmful ideas of masculinity that I was talking about. Again, if we're just telling men and boys, "Don't do this; don't do that," and not having them critically reflect on those harmful ideas of masculinity, the evidence tells us we're not going to get the kind of behaviour change, social norm change, that we want to see.

The third is probably the most important. We cannot engage in this work with men and boys at the expense of other work for women and girls. The issue of resources has to come into play here. We can't be working with men and boys and contribute to the structural inequalities around funding levels that are already low for women's and girls' services for sexual assault centres, and that's an absolutely unequivocal qualification that we have to make.

The last is that it has to be evidence-based. We know enough of what works and what doesn't work.

A few of the challenges—and I'll leave it there—for engaging in primary prevention: We need to scale up and accelerate the pace of change. We need to fill the gaps in the evidence base. We have to do more long-term evaluation work. We need to ensure that grassroots and inclusive participation is part of it because, unfortunately, as well, there's no one-size-fits-all solution. Each community is going to need different ways to approach and engage the particular issues around that community's approach to dealing with sexual violence.

I hope I've made a compelling case for getting men and boys involved. It's 2015. The province of Ontario has made amazing strides in the last six or eight months on this issue, but we all need to be outraged that we still live in a world where one in five young women are going to be sexually assaulted at a university or a college campus, where 51% of Canadian women are going to experience sexual or physical violence in their lifetime.

It's 2015, and we need to get the political will and the collaboration to make some change on this happen, and I think men and boys can be a big part of that solution.

The Chair (Ms. Daiene Vernile): Thank you, Mr. Minerson. Our first question for you is from our NDP caucus.

Mr. Taras Natyshak: Thank you, Mr. Minerson, and thanks for the work that you do. Your presentation was really wonderful.

Thanks for referencing the late Jack Layton. He was an inspiration to me to get involved—a level of awareness that I didn't know. Of course, being someone who had a high level of prominence, he inspired a whole lot of other folks to step up and a lot of men to step up. I think that's a vital role that we should play as community leaders, that we have to play. I'm having those wonderful discussions with my children and doing my little part.

But what I want to know from you is, through your experience through the UN, simply, what jurisdictions are getting it right? What are the resources that they are allocating? These are international jurisdictions. You said specifically that we have to focus on this component of working with men. The prevention has to be complementary—so the line items that they're attributing to working with men, the resources; and how is it working? How do we follow that path, and where can you point us to?

Mr. Todd Minerson: Sure. A great question. I'm extremely pleased to say that the province of Ontario has now started to implement what, in our view, in the work around the world, is the gold-plated policy tool, which is a national or a provincial plan, because without being able to do a plan that harnesses all of the aspects of government, all of the different resources, all of the different stakeholders to the table—we know that that's how we see measured progress in places around the world like Australia, the UK and Scandinavia, that have several years of experience with national or provincial kinds of plans.

I'm really pleased to report that that gold-plated policy tool is starting to happen. What we need to see from it now is how the resources are going to be allocated, how the accountability is going to be measured, the really important questions around data collection and standardization so we can keep track of progress that we're making and understand where we're having difficulties. These are some of the things that I'm still keen to see fleshed out in the provincial strategy.

Then again, in terms of engaging men and boys, what we know the best, and I'll reiterate, is that work has to come but not at the expense of other resources for women and girls. But what we do know works best there is that when we're able to bring community-based grassroots knowledge from the ground up with the top-down evidence base and merge those two things together, we come up with the most effective—

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from our Liberal caucus.

Ms. Eleanor McMahon: Thank you for the work that you do. I want to echo my colleague in complimenting you for trying to change the conversation around gender-based violence. You said so many great things, it's hard to know where to begin. You talked about how, if we don't get this right, there are real risks that it could

become a problem. It was something that you said that really caught my attention. Can you expand a little bit on that?

Mr. Todd Minerson: Yes. There's enough of an evidence base now for us to know what works and what doesn't work. I don't want to identify or call out any specific campaigns, but we know, for example, that when campaigns are based around shame, fear and guilt when they're around engaging men and boys and the goal at the end of the day is behaviour change, less violent behaviour and more equitable behaviour—say, for example, a campaign says, “Don't be that guy who's going to be a rapist.” What we know is that for guys who are likely to use violence in the first place, they're going to just ignore that message. What we also know is that guys who may be in that mushy middle are going to feel like they are already presumed to be violent and already presumed to be one step away from being a perpetrator.

What we have to do instead to get that mushy middle of guys to understand consent culture and how to have healthy relationships is show them what those look like rather than blame them for something they haven't done. That's one example of how we know we have to follow the evidence base if we want to get the outcomes we—

The Chair (Ms. Daiene Vernile): Thank you. And our final question for you is from our NDP caucus—I'm sorry, our PC caucus: MPP Jones.

Ms. Sylvia Jones: Thank you.

Mr. Todd Minerson: This is the beauty of an all-party committee.

Ms. Sylvia Jones: Yes, we'll go with that.

Thank you for your presentation. I don't think anybody in this room would disagree with you on the value of prevention. I'm interested if you could provide—because I know we're limited in time—some examples of why you have seen or where you have seen the gender equality argument succeed, whether that's in schools, workplaces, communities. If you could provide a couple of examples, that would be very helpful.

Mr. Todd Minerson: Yes, sure. Globally, if we look around the world, the communities across the planet that have the least amount of violence against women and girls also rank extremely high on other gender equality indicators, whether that be the income gap, political representation, or representation on corporate boards and at high levels of decision-making. There's research that has looked at those correlations on a global level.

Ms. Sylvia Jones: It's a social determinant of health.

Mr. Todd Minerson: Yes. There are clear correlations between places that have those increased metrics around gender equality and less violence.

On the other side, it's the same: Where we see extreme amounts of violence against women, we also see extreme amounts of gender inequality. There are those correlations on a global level. We see it every day when we work with schools over the course of two, three or four years and we start to embed ideas of gender equality in those schools with young men and women. The issues diminish, the incidents diminish; the outcomes are better for everybody.

Another project we're working on is in Zambia. We identified in a community that the main cause of violence in families was financial illiteracy and a lack of understanding around it. We've created what we think is the world's first financial literacy, gender equality and violence prevention project. We don't tell the guys it's those other two things. But when these families come together and learn about how to manage their budgets, they also get an introduction to gender equality issues. With the company that we've been working with on that particular project, they've now scaled that up to be mandatory training for all of their employees, so we're talking about 5,000 employees who are getting that training now. The incidents of violence in that community have decreased dramatically.

0940

The Chair (Ms. Daiene Vernile): Thank you, Mr. Minerson. If you would like to join our audience now for our following presentations.

MS. JULIE STAUFFER

MR. JEFF STAUFFER

The Chair (Ms. Daiene Vernile): I would like to call on Julie and Jeff Stauffer to come forward. Please have a seat and make yourselves comfortable, and begin by stating your names. You've got 15 minutes for your presentation. That will be followed by questions.

Ms. Julie Stauffer: My name is Julie Stauffer.

Mr. Jeff Stauffer: And I'm Jeff Stauffer.

Good morning, respected members of the Select Committee on Sexual Violence and Harassment, the Clerk of the Committee, fellow witnesses and others in attendance. My name is Jeff Stauffer; joining me is my wife, Julie. While it is the result of traumatic circumstances, we appreciate the opportunity to make this presentation.

We understand that the purpose of the committee is to make recommendations to the Legislature with respect to the prevention of sexual violence and harassment and to improve the response to Ontarians who have experienced sexual violence and harassment, as well as to consider ways to shift the social norms and other barriers which prevent people who have experienced sexual violence and harassment from coming forward.

We are here today because for seven years we have been involved in a gruelling and punishing process in coming forward and proceeding with complaints to Captain R. Wilson Public School, Garth Webb Secondary School, the Halton District School Board, the Ministry of Education and Ministers of Education relating to the sexual, physical and psychological trauma a child endured while at school in the Halton District School Board. We, along with the health care team treating the child and school social workers, have often not been heard, seen or believed, resulting in the subjection of an innocent and vulnerable child to perpetual revictimization and ongoing trauma.

Instead of being responded to with genuine understanding, care and compassion and provided with a

school recovery environment that was poison-free respecting the child's rights, the response the child received undermined the child's sense of personal dignity and safety, isolated the child, led to the disruption of the child's education and contributed to the diagnosis of chronic post-traumatic stress disorder, potentially interfering with the child's ability to achieve to their full potential.

We are here today with the hope that by sharing this experience it will bring awareness to a rarely openly discussed issue and lead to the establishment of practical and effective systems for responding to, and preventing, inappropriate sexual behaviour and abuse perpetrated by children in elementary schools.

While the issue of inappropriate sexual behaviour and abuse perpetrated by children is rarely publicly discussed, researchers and mental health professionals have been investigating and analyzing the prevalence, dynamics, causes, effects and treatment of this since the 1990s. They discovered that it is a widespread problem and that incidents of reported sex-related offences committed by children and adolescents were increasing at an unprecedented rate. In 1987, it was reported that 25% of all sex crimes committed in Canada were perpetrated by adolescents. In 1990, R. McGrath's assessment of sexual aggressors determined that 30% of adults convicted of sex crimes began offending before they were nine years old. Currently, according to the Stop It Now! Do Children Sexually Abuse Other Children? guidebook, over a third of all sexual abuse of children is committed by someone under the age of 18.

Researchers and mental health professionals have also determined that children who are sexually abused by other children suffer the same type and severity of negative consequences as children who are sexually abused by adults; that any sexual offence is traumatic because it represents a violation of emotional and physical boundaries, and that the trauma of sexual abuse may progressively accumulate as the individual matures through later developmental stages, resulting in long-term impacts from the abuse.

The experience we will share occurred in a school environment and involves the sexual abuse of a child by another child under the age of 12. In the interest of protecting the privacy of the individuals involved, we will not describe in detail the sexual abuse. However, to demonstrate the severity to the circumstances, we will disclose that the incidents fell within the 1999 British Columbia Ministry of Education resource guide for educators' Responding to Children's Problem Sexual Behaviour in Elementary Schools' table "Behaviours that Are Cause for Serious Concern." These behaviours include:

- induces fear/makes threats of force to get others to expose themselves;
- touches genitals of others with force;
- engages in chronic peeking/exposing/obscenities/pornographic interest;
- forces/manipulates others to view nude pictures or pornography;

- has sexually explicit conversations with peers that reflect adult level of knowledge;
- engages in compulsive masturbation which interferes with normal functioning;
- rubs up against others in a secret or accidental way;
- demonstrates repetitive simulation of intercourse with dolls, peers or animals with clothing on;
- simulates intercourse with clothes off;
- engages in oral, vaginal or anal penetration of other children or animals.

The following is a brief overview of the gruelling and punishing process that was faced in coming forward and proceeding with a complaint of this nature in the absence of practical and effective systems for responding to and preventing inappropriate sexual behaviour and abuse perpetrated by children in elementary schools.

November 2007: The harmed child discloses incidents of inappropriate sexual behaviour that are cause for serious concern.

November to December 2007: The harmed child returns to the classroom with the perpetrator without any support or safety mechanisms put in place. The harmed child is exposed and subjected to retaliatory bullying behaviours by the perpetrator. The harmed child's well-being regresses and the family seeks the support of their family physician, who refers the child to Halton Healthcare child and adolescent outpatient services and recommends interim support through the Reach Out Centre for Kids.

January to March 2008: The harmed child is relocated to a new classroom and continues to be subjected to retaliatory bullying and stalking behaviours of the perpetrator and bullying behaviours of other classmates. The harmed child remains in the classroom/school without meaningful school supports or safety mechanisms in place.

March 2008: The harmed child receives the diagnosis of post-traumatic stress disorder related to the sexual trauma and bullying which occurred in the school, as well as the sequelae of the school's responses to these incidents.

March to June 2008: The harmed child continues to be subjected to retaliatory bullying and stalking behaviours of the perpetrator and bullying behaviours of other classmates. The child and adolescent psychiatrist attends a school meeting to provide a verbal assessment and recommendations to establish a safe and supportive school recovery environment. The child and adolescent psychiatrist verifies that the school reported the circumstances to both the Halton Regional Police Service and the children's aid society. It should be noted that neither agency interviews the harmed child or the child's parents. The harmed child remains in the classroom/school without meaningful school supports or safety mechanisms in place, with the exception of being introduced to the school child and youth worker. The harmed child continues to experience elevated symptoms of PTSD, resulting in frequent absences and disruption of education.

September 2008 to February 2009: The harmed child continues to be subjected to bullying and stalking

behaviours of the perpetrator and bullying behaviours of other classmates. The harmed child remains in the classroom/school without meaningful school supports or safety mechanisms in place, with the exception of access to the school child and youth counsellor. In seeking support from the CYC, the harmed child is exposed to the explosive behaviours of students in the behaviour resource class; witnesses physical and verbal aggression towards adults in the classroom; is called a bitch, slut, whore; is punched closed-fisted in the side of the head; is threatened that the comfort toy will be torn to pieces; and the back of their head is cut with the blade of a snow shovel. The child and adolescent psychiatrist attends another school meeting to provide verbal assessment and recommendations to establish a safe and supportive school recovery environment.

March to June 2009: The child and adolescent psychiatrist provides a written assessment and recommendations to establish a safe and supportive school recovery environment. The school superintendent evades implementing any of the psychiatrist's recommendations. The harmed child remains in the classroom/school without meaningful school supports or safety mechanisms in place, with the exception of access to the school child and youth counsellor. The harmed child continues to experience elevated symptoms of PTSD, resulting in frequent absences and disruption of education.

September 2009 to June 2010: With continued parental advocacy, the school implements safety measures to limit exposure to the perpetrator and provide an improved recovery environment. The harmed child continues to be subjected to the stalking behaviours of the perpetrator.

September 2010 to June 2012: The perpetrator is no longer a student at the same school with the harmed child. With continued parental advocacy, the school continues to implement supports and safety measures to provide an improved recovery environment.

September 2012 to June 2013: The harmed child is reunited with the perpetrator in the secondary school environment. Despite advocacy of parents to initiate a meaningful safety plan, the harmed child is expected to attend school without meaningful supports or safety mechanisms in place, with the exception of access to the school social worker.

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Within the first few weeks of school, the harmed child is subjected to the stalking behaviours of the perpetrator. The harmed child is subjected to anonymous cyber-bullying. The harmed child is subjected to bullying and sexual harassment by other students.

The school responds to these incidents but does not implement meaningful mechanisms to provide for a safe school or recovery environment. The harmed child experiences resurfacing symptoms of PTSD, resulting in frequent absences and disruption of education. Despite the advocacy of parents and the school social worker, the school takes limited steps to avoid exposure to the perpetrator.

September 2013 to February 2014: To avoid direct contact with and exposure to the perpetrator, the harmed child changes course selections of courses also selected by the perpetrator, as the school is only offering one class. The harmed child is subjected to the stalking behaviours of the perpetrator. The school takes limited steps to avoid the harmed child's exposure to the perpetrator.

The harmed child experiences elevated symptoms of PTSD, resulting in frequent absences and disruption of education. The harmed child receives a diagnosis of chronic post-traumatic stress disorder due to the difficulties of the recovery environment. Those difficulties include the harmed child being perpetually retraumatized, repeatedly exposed to the perpetrator of the trauma, and consistently given no choice but to forgo school courses and activities also selected by the perpetrator.

The harmed child continues to attend school without meaningful supports or safety mechanisms in place, with the exception of access to the school social worker.

In March 2014, there's a change of school social worker. The harmed child continues to be subject to the stalking behaviours of the perpetrator. The harmed child no longer feels safe to attend.

The Chair (Ms. Daiene Vernile): Mr. Stauffer, you have two minutes remaining. You may continue to the end and forgo any questions from our committee, if you wish.

Mr. Jeff Stauffer: In April 2014, the school offers to implement enhanced safety measures but states that they do not believe the perpetrator presents a threat to the harmed child. The harmed child completes the semester independently with home instruction.

In June 2014, the harmed student withdraws from the Halton District School Board. While this outcome is without justice, withdrawing from the school board puts an end to the gruelling and punishing process of coming forward with a complaint of this nature.

With insight and knowledge gained throughout this process, we believe the ongoing trauma and the outcome the child endured could have been avoided if the board and schools had practical and effective systems for responding to and preventing inappropriate sexual behaviour and abuse perpetrated by children in elementary schools.

In that regard, we encourage members of the Select Committee on Sexual Violence and Harassment to recommend that the Ontario Legislature develop legislation to amend the Education Act to incorporate meaningful and comprehensive measures to address inappropriate sexual behaviour and abuse perpetrated by children and that the legislation also requires all boards and schools to have a policy in place—a policy that alerts all parties to their rights, roles, and responsibilities and clearly outlines how all incidents will be dealt with promptly and efficiently.

Although it is not as victim-centric as it needs to be, the BC Ministry of Education's Responding to Children's Problem Sexual Behaviour in Elementary Schools: A

Resource for Educators provides an excellent example of the components that such legislation and policies should include. Additionally, the legislation must provide concrete and timely mechanisms of compliance and accountability.

In closing, with respect to shifting cultural and social norms that support inappropriate sexual behaviour and abuse by children and dispelling the darkness of denial, parents, educators and other adults caring for children need to have access to current information about sexual abuse issues, including the topic of offenders. The difference between appropriate and inappropriate sexual behaviours needs to be openly discussed by parents and educators so that children receive two very clear messages: that they can say no and that certain behaviours are unacceptable.

All circumstances involving inappropriate sexual behaviour and abuse by children reported to parents, schools, boards, the Ministry of Education and Ministers of Education must be treated seriously—not over-reacted or under-reacted to—and given the care, understanding, attention and investigation they deserve. Most importantly, a child harmed by the inappropriate sexual behaviour and abuse of another child must be repeatedly given the message in facial expression, body language, tone of voice and words that they did not deserve what happened to them, that you are sorry that it happened, that they did the right thing by telling someone, and actions will be taken to support them and protect them from further harm. Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much. We do have time for some very brief questions and answers. We begin with our Liberal caucus.

Ms. Harinder Malhi: Thank you for sharing your experience with us. I was just taking a look—you talked a lot about the school board and how they could have gotten involved. I just want to know what you think they could have done differently to improve your experiences? I know there are a lot of anti-bullying initiatives out now, but obviously they weren't helpful in this case. So what could they have done differently to improve your experience?

Ms. Julie Stauffer: First of all, there are some concrete and clear differences between bullying and sexual violence or sexual abuse, but how they could have been more helpful is that they could have had policies in place that actually provided support for the victimized children. Most of the tools they implemented were to provide support and treatment for the child who perpetrated the acts, and the child who was victimized was left to cope and recover on their own.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from our PC caucus.

Ms. Laurie Scott: Thank you very much. What happened is appalling and unacceptable, and I hope it's not widespread across other school boards.

There doesn't seem to be enough action or strong enough action on the perpetrator. Do you know if the parents of the perpetrator were brought in? It seems to be—

Ms. Julie Stauffer: We were given very limited information with respect to the perpetrator. Definitely, there was not a process put in place to help the perpetrator understand the severity of the behaviours.

Ms. Laurie Scott: So do you think the school board actually had that flexibility and didn't choose to use it? What was your interpretation of that? They could have done it and they didn't?

Ms. Julie Stauffer: I believe the school board could have done more. Whether it was within their authority or not, I'm not aware of that.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final question for you is from our NDP caucus.

Ms. Catherine Fife: Thank you very much for coming forward. It takes a lot of courage to share your story, and we appreciate that.

I think the main thing I've taken from this is that there is such a fundamental difference between sexual abuse and bullying, but they do cross over, especially now with cyberbullying as well.

Any recommendations for the committee specifically around—because your child was bullied outside of the school; and schools should be safe places.

Ms. Julie Stauffer: No. No bullying outside the school environment.

Ms. Catherine Fife: In the cyberbullying; no?

Ms. Julie Stauffer: Oh, well, that could be directly related to acquaintances from the school environment.

Ms. Catherine Fife: Sure. Okay. Thank you very much for coming.

The Chair (Ms. Daiene Vernile): Thank you both very much for coming and appearing before this committee. I invite you to now sit with our audience, if you choose to.

MUSKOKA/PARRY SOUND SEXUAL ASSAULT SERVICES

The Chair (Ms. Daiene Vernile): I would now call on Muskoka/Parry Sound Sexual Assault Services. Presenters, please come forward. Our Clerk is going to help you with your presentation.

Once you're ready to go, please state your name. You'll have 15 minutes to speak to our committee and then they will ask you questions. So begin anytime.

Ms. Sylvia Jones: Chair, while they're organizing their presentation, can I ask a research question?

The Chair (Ms. Daiene Vernile): Please do.

Ms. Sylvia Jones: I was intrigued by Tim Minerson's comment about the \$6.9-billion study, but I didn't catch who did it. Could you go back in Hansard and maybe pull that study and distribute it for us?

Interjection.

Ms. Sylvia Jones: He made reference to a study and a report, so I think it would probably be valuable reading.

Interjection.

Ms. Erin Fowler: Okay.

Mr. Taras Natyshak: Chair, I'm getting some excellent information here from—

Mr. Todd Minerson: The researcher's name is Varcoe.

The Chair (Ms. Daiene Vernile): Thank you very much, Mr. Minerson.

All right. Please start by stating your name.

Ms. Lauren Power: I'm Lauren Power, and I'm executive director of Muskoka/Parry Sound Sexual Assault Services. I'd just like to let the committee know that I'm a professor of social justice at Nipissing University in Bracebridge as well.

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I'm just going to begin. Our sexual assault centre is somewhat unique in the province. Not all of them are structured like ours. What I'm here to do today is just share a little bit about our model and our structure. We think it's a model that's working really well in our area and I'm hoping to show you why.

I'm also going to thank some of the women along the way who are part of our program. Thanks to thriver Natalie Stokes—you can see a painting of hers; that's our office; welcome to our office in Bracebridge, just to have a look at that—and all the women who share in our programs, because we could not do what we're doing without the work of the survivors and advocates who form part of our agency.

The question for this committee is, how do we broaden prevention of sexual violence and harassment? I have three answers for you. Number one is that we use a model which the VAW movement began with: advocates willing to raise their voices, tell their stories, name abuse and support others to do the same; survivors who have become thriving, outspoken advocates.

A second answer is that we recognize the regional barriers that SAC centres face and provide appropriate funding to address barriers unique to the region to enable survivors to begin to thrive and speak out. Thirdly, we use trauma-informed group models to bring survivors together. I'm going to talk about those things.

We're located in a primarily rural district with six towns and lots of villages. We're spread out over a huge area. Our programs comprise rape crisis centre—SAC—funding and Ministry of the Attorney General and long-term mental health abuse treatment funding, which is LHIN-funded. Most of the SACs are not based on that model, as you're going to see.

Our mandated client group is 16 and over, women only. We have five full-time and two part-time staff, the same number as in 1993 when the program began. Public awareness and population have created a tremendous demand on us. Poverty in the area: Although people think of Muskoka as being a wealthy area, in fact, in terms of year-round residents it's significantly below the provincial median income. Poverty means difficulty in accessing us because of distance, and there's no public transit.

So what have we done? We've developed a survivor-to-thriver model, which is primarily group-based, so women carpool. They carpool to come and that has been

one of the best ways we've found to enable people to access our programming.

I'm not going to talk about this too much—this slide—but I wanted you to see how we work. The acronym SAIL stands for sexual assault intervention for living. That is our therapy program. The SAC program itself, the rape crisis program, funds the drop-ins, the crisis counselling and the thriving conferences, which I'm going to talk about as well.

Very few SACs in the province have the LHIN-funded abuse therapy program attached to them. It's a patchwork in the province depending on who originally got those grants. Bringing these programs together improves both. Trauma-informed perspectives, the therapy that's available through that abuse treatment programming, is longer term. That's trauma-informed. We can't do brief therapy with people who have complex trauma. It brings that more medical-based information together with feminist analysis, public education and advocacy and the ability to work with survivors long enough to create sustained change for them. It's significant.

We believe that all SACs should have the LHIN abuse therapy program attached to them. Only some kind of top-down restructuring will enable that. It is truly a patchwork. Some of those abuse-treatment programs have been absorbed into community mental health programs across the province, but they should be reattached to the sexual assault centres.

Our model is structured in trauma-informed intervention that supports most women to move directly into a group program and provides a quick assessment for all our new referrals. We utilize women's immediate motivation, curiosity and drive for wellness when they initially come to counselling for the first time, to put them right into a group with other women survivors. It's significant to do that, because it immediately reduces shame.

The majority of women who use our programs could have or have a diagnosis of PTSD or complex PTSD, sometimes referred to as borderline personality; addictions, 30% to 40%; eating disorders, about 15%. It's the trauma spectrum. In 15 minutes, I can't educate you completely about what that means, but let me say that working with survivors is challenging, time-consuming and absolutely rewarding. In the past, we used to believe that what is termed borderline personality was not a treatable situation, and it absolutely is; it absolutely is.

Our model is trauma-informed in our therapy program, and it's feminist-informed as well. Those are different types of therapy: cognitive behaviour, dialectical behaviour therapy and trauma therapy; in a group model, primarily. We have a longer duration that we're able to offer women because of the LHIN-funded program.

We work with attachment style in our counselling. I think we have a very effective form of counselling, and it's coupled with that analysis of VAW, rape culture, advocacy and empowerment, and public education. Women who are coming through our programs are able to move on within the same agency to doing advocacy work themselves, and that has been significant.

Most people feel comfortable with individual counselling. Most survivors will ask for that. They don't want to go immediately into a group, because of the shame. What we've been able to do is find a way to help them be in a group quickly. Individual counselling can maintain the sense of shame and secrecy regarding a sexual abuse history. The therapist-and-client model has inherent power differentials built within it. It reinforces a sense of less power and less competence for clients. When we put them with their peers, their resiliency stands out, so a peer model is extremely effective.

In 2009, we applied for a Trillium grant to host a two-day conference for the women who use our programs. Shelter residents were also invited. We hosted 100 women survivors at Hidden Valley Resort in Huntsville for a two-day conference of VAW analysis, wellness workshops, and information about trauma and healing. Each woman received a half-hour self-care treatment such as a pedicure, haircut or therapeutic massage.

Two women survivors provided keynote addresses, both of whom had come through the local shelter program for woman abuse and our Sexual Assault Intervention for Living program as well. One of them was a musician and sang a song to us, which electrified the audience, as did the knowledge that the entire room was packed with other women who had shared sexual assault. This is, we believe, a unique program in the province. Hotel staff and service providers were thrilled to take part too.

Just a reminder that one in three women have experienced sexual violence, so it was quite profound for all of the women who were connected with the conference, even those who weren't clients themselves.

The response to the first conference was tremendous. We didn't have any more funding to continue it, but with the Sexual Violence Action Plan funding that we've received from the province since 2011, we've been putting them on. That's what we're using our funding for. We've had six further conferences. The next one is May 29.

We do 50 women at a time. We've gone to a day conference model, just to spread the funding further. The feedback continues to be extremely positive.

Some of the evaluations reflect that we as women can heal when we help each other—how strong our will is and what we are capable of surviving. So it's significant in reducing shame.

Just a few pictures: These are all women who are aware that their pictures are being shown. Survivors become advocates. Right? So there they are—just a few shots. That's our banner in the background.

We encourage women to take part in developing public education materials while they're in our therapy program. There they are.

1010

You can see, on the one slide there, that was a session with a naturopath on healing stress. We use that trauma-informed model to put the content into these conferences.

Impacts of the conference: Numerous women who have attended a thriver conference have gone on to

deliver keynote speeches themselves at other professional conferences as well. The advocacy of these survivors that they have taken on has enabled a much wider reach of public awareness and education in our local area.

One of them, Barb Swartz, spoke recently to 320 people at our production of *The Good Body*, by Eve Ensler. So they are moving on significantly. If you heard Barb's story—I was hoping to bring her, but she's speaking at another conference right now in Niagara. When you hear what they have to say, you realize how far these survivors come. She was someone who was chronically suicidal prior to doing the work and becoming an advocate.

Our local area in Muskoka has grown a whole bunch of VAW advocates. We have some significant numbers in terms of our involvement in VAW activism, so I'm going to just talk about that a little bit.

With 57,000 permanent residents, more than 1,000 women and men took part in the One Billion Rising anti-VAW initiative in 2013—which was actually about the same number as in Toronto, I might add.

Our agency partnered with the other two women's agencies to co-sponsor those events. Numerous women clients participated, taking part in advocacy in their own communities. What happens in that group model and in that conference model is that they lose shame, and it's okay to say, "Yes, I'm a survivor, too."

Sadly, the local murder of a young Nipissing University student by an ex-boyfriend in 2013 galvanized our advocacy movement further. Ontario Women's Directorate funded a volunteer conference, which was held as part of a week of events, including One Billion Rising, at Nipissing U. That was last year. We asked for that grant in part to help those students along with their grief. It was significant. It's a primarily-women campus. Much of their programming has to do with violence. Those were students who had just come through taking a course in violence against women when one of the students in their tiny campus was killed by an ex-boyfriend.

Their student participation has increased substantially. They planned the week of events for OWD's grant. Local advocate Dawn Novak, mother of VAW victim Natalie Novak, who was killed at Ryerson, spoke and shared her film, *If Only ... Nat's Story*. Alison Irons, mother of Lindsay Wilson, who was killed while attending Nipissing, spoke also. That was her first time doing public speaking. Jeff Perera of the White Ribbon Campaign also came and spoke to students. That was a significant week of advocacy events, and it has just broadened it further.

Now our student movement is in the process of building a monument to women who have experienced VAW at the campus. Their vision is a public space, in communities across Canada, where violence against women is recognized and women who have experienced it are honoured.

The Chair (Ms. Daiene Vernile): You have one minute to go, Ms. Power. Thank you.

Ms. Lauren Power: Thank you. I'm almost done.

They're actively working toward this. They're applying for grants to broaden their reach.

One other thing I thought I would put out on their behalf to this committee is that creating in every community a public space that acknowledges women who have experienced violence creates a public discourse, creates a place for violence-against-women advocates to go for events, and it just broadens the public knowledge. That idea came from students, and there they are: Kirsten Nicolson and Avery Saunter. We recently had a domestic abuse conference. We had Dr. Lori Haskell speaking with us.

They have developed a local monument that they're fundraising for—that's the maquette for it there—which is called Ignite Canada. They're now raising \$80,000 to put that monument on the campus, which is really exciting. But I think it's a vision for our province, certainly, to begin to develop these public spaces. We want survivors to speak out.

The Chair (Ms. Daiene Vernile): Thank you very much. I want to stress to our committee members, so that we make question period today: We each have one minute to ask a question and have it answered. We begin with our PC caucus.

Mr. Norm Miller: Thank you for making the trip down from Muskoka today to present to the committee and for the good work you're doing in Parry Sound–Muskoka.

Ms. Lauren Power: Thanks, Norm.

Mr. Norm Miller: In the short time I have: You mentioned that you receive some LHIN funding and that that's kind of a patchwork across the province. How significant is that funding for your agency?

Ms. Lauren Power: It's extremely significant. It's one third of our funding. It enables us to really broaden the work that we do with women and extend the time period that we're able to do it. It supports our rent dollars. We're running two offices; many of the SAC centres are only running one. We need to run two because of the broad area that we cover.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from our NDP caucus.

Ms. Catherine Fife: Thank you very much, Lauren, for coming in. I don't really have a question; I'm just impressed with the presentation that you gave. I was going to ask the LHIN question, because there's a bit of a disconnect, I think, between what is happening at the LHINs and this issue overall. You coming in and talking to us about how important that funding is is significant, so thank you very much.

The Chair (Ms. Daiene Vernile): Thank you. Our final question for you is from our Liberal caucus.

Ms. Eleanor McMahon: Thank you, Madam Chair. Thank you; it's great work you're doing. Your work to build capacity—you're building a community of practice here.

Ms. Lauren Power: Yes.

Ms. Eleanor McMahon: It's really great, and I want to salute you for that.

Ms. Lauren Power: Thank you.

Ms. Eleanor McMahon: I was about to ask you—what was running through my mind was: Do they hold a conference so that they can really spread the information and share it? Your comments about shame and ending that shame were very powerful.

Ms. Lauren Power: Yes.

Ms. Eleanor McMahon: I had a question; I just wanted to check this out with you. I may stumble a bit, so please bear with me. Your comments at the end about creating a public space and a public discourse and how the young people had brought that forward really got to me. It's very interesting. One of the things that seems to be taking shape as we go around the province is that your colleagues in other places are talking about resources—and of course, because that's so important. But we're talking about the justice system, too, and barriers to reporting. They're so important to acknowledge. It's sort of coming out that some women don't actually want to report for a myriad of reasons, and therefore may choose not to. Part of that is victim-blaming, and part of that is that they feel re victimized by the process and all of those things. But what if they don't? That's okay, isn't it, if they don't? How can we help them, the ones who choose not to report? Sorry; it's a long question.

Ms. Lauren Power: That's okay. Probably 90% of our clients have not reported—90%.

Ms. Eleanor McMahon: And that's okay? Is that their wish?

Ms. Lauren Power: Our justice system right now is structured in such a way that it is not helpful for sexual violence survivors to access that system. I'll put it like that.

The Chair (Ms. Daiene Vernile): Ms. Power, thank you very much for coming and appearing before this committee today.

Ms. Lauren Power: Thank you.

The Chair (Ms. Daiene Vernile): Committee, we are back here at 3:30 this afternoon. We'll see you then. This committee stands recessed.

The committee recessed from 1018 to 1530.

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. The Select Committee on Sexual Violence and Harassment will now come to order.

I'd like to welcome our presenters this afternoon and any guests who are here with us. I want to share with you the mandate of our committee. We're here to listen to your experiences as survivors, front-line workers, advocates and experts on the issue of sexual violence and harassment. You are going to inform us on how to shift social norms and barriers that are preventing people from coming forward to report abuses. However, I should stress that we do not have the power or the authority to investigate individual cases. That is better left to the legal authorities.

We welcome you.

MS. ANNE LEE

The Chair (Ms. Daiene Vernile): I see that we have our first presenter, and I would start by asking you to say

your name. Just to let you know that you have 15 minutes to make your presentation, and that will be followed by questions.

We just have a switch, committee members. We're waiting for Cheri DiNovo, so we're going to begin with Anne Lee. Please begin.

Ms. Anne Lee: Hi. I'm Anne Lee. I'm here to talk today about female-perpetrated sexual abuse. I spoke briefly on April 1 with CAFE. I didn't realize that this committee was open to the public, so I've come back again because I think it's information this committee, if you're looking to be inclusive, needs to hear about.

Let me start with commonly held myths about female-perpetrated sexual abuse: It's not harmful, it's less harmful than male-perpetrated abuse and carries less impact; it's not common, less than 3%; it's so rare that it doesn't require any services for its victims, law enforcement training, public policy or research. The last commonly held myth is that women aren't sexually violent.

I'd like to examine all of this a little closer. Before I start, I'd like to say that violence is a very complex and multi-layered issue. There are aspects of FSA, or female-perpetrated sexual abuse, that I can't really show you. I'm going to show you some of the lesser-known aspects you may not have encountered.

I should also mention that my husband and I run a peer support group for trauma survivors and we're open to all genders, all races etc.

Let's begin. This is from the book about female-perpetrated sexual abuse by Theresa Gannon. This is a case study: Andy was sexually abused by his mother from infancy until he was 17 years old. He never perceived it as sexual abuse. He says, "My mother loved me the only way she knew how. She would never hurt me. She was my mother. I could have stopped it if I had wanted to, but I kind of liked it, really. It never did me any harm."

But the truth is, Andy is now 34. He is serving a life sentence for rape and murder of a woman. He served a previous nine-year sentence for the rape of an older woman. He was in and out of juvenile facilities from the age of 12, mainly for violent acts, glue-sniffing etc.

This is actually very well known. Male sexual abusers of women—there's a high degree of sexual abuse in their childhood by females. It doesn't get the coverage it needs to get. That was to the point that it's not harmful. It's very harmful. I could trot out all kinds of cases, but we have limited time.

The second one: It's not common. There's a huge discrepancy between conviction statistics and victim reports. Some studies show it to be as high as 60% and some even higher. But even, let's say, the 3%. There are no services in the province of Ontario that I'm aware of for victims of female-perpetrated sexual abuse or FSA, so I wanted to give an example.

Imagine a patient showing up at the door of a hospital in Ontario only to be told, "You have ovarian cancer. You're less than 3% of the incident rate. We don't treat your kind. We have more important patients to treat." That's how the victims of FSA are treated currently.

If you look on the right-hand side, those are the Canadian cancer statistics. Half of the types of cancer are less than 3%. Now imagine the government formulating public health care policy saying that these cases are unimportant and not worthy of treatment because they aren't common. I'm hoping that we can change this.

This is a comment on, "Women aren't sexually violent." We don't often think about how women express sexual violence. This is from the Texas Department of Criminal Justice. This is their official report on Karla Faye Tucker. She was executed. She murdered two people with a pickaxe—and I'm sorry; some of this is going to be a little bit graphic:

"Tucker struck him with the pickaxe 28 times, and expressed that every time she struck Dean she received sexual gratification." That's a bit of a euphemism; in the official reports, she had bragged that she had multiple orgasms every time the pickaxe entered the body. Clearly, this wouldn't be viewed on the outside as being a sexual crime, but I think we need to look at it that way.

This is from an article in the LA Times: "Not Only Men Are Molesters." This is one of the excerpts: "More than 50% of the 150 female offenders [Wolfe] has counselled molested their own children, primarily daughters...."

"Wolfe described one such offender ... as a sexual sadist.

"She looks like everybody's lovable grandmother: pink cheeks, gray hair, chunky. She volunteered to babysit for young single moms. They jumped at the chance."

"Most of this offender's victims ... were not yet verbal. [She] would slap them until their teeth cut their mouths or start a nosebleed. Their pain gave her sexual pleasure."

That is another aspect that we don't look at, but we need to start considering this within the realm of sexual violence.

Most people believe that that last example is not possible, so I'm going to show you a bit of a video. For everyone's benefit, I've got the sound off, but this will show you that things like this are possible if you look at—and I apologize in advance. It's graphic.

Video presentation.

Interjections.

The Chair (Ms. Daiene Vernile): Ms. Lee, can you please press "pause" for a moment, if you're able to? You've taken us by surprise. We were unaware that you were going to be presenting such graphic images. I'm concerned that we may be disturbing or traumatizing people in the room right now.

I'd like to recognize MPP Natyshak.

Mr. Taras Natyshak: Where is this video from?

Ms. Anne Lee: It's from YouTube.

Mr. Taras Natyshak: And who is this person?

Ms. Anne Lee: It's a nanny.

Mr. Taras Natyshak: Has this person been charged with a crime?

Ms. Anne Lee: I don't know. Most aren't charged.

Sorry, do we want to do questions?

Mr. Taras Natyshak: Well, it's incredibly graphic—

The Chair (Ms. Daiene Vernile): We're not sure of the relevance of this video and how it relates to this committee and who this person is, if they have some direct connection to the issue of sexual violence and harassment.

Ms. Anne Lee: It relates to the previous example that I gave you, where one of Wolfe's sexual perpetrators was a sexual sadist and committed exactly this kind of violence.

I can go on.

The Chair (Ms. Daiene Vernile): Just to clarify, though, how can we be assured that the person who is committing the violence in this act is connected to what you are describing? This might be some other kind of isolated incident that has nothing to do with sexual violence and harassment.

Ms. Anne Lee: That's possible. That's true. I think, though—I've spoken to a number of victims over the years, and they all expressed various aspects of this—not everyone, but there are different kinds of sexual offending with different typologies.

The Chair (Ms. Daiene Vernile): I'm going to have to step in and say that unless we can be absolutely assured that the images that you are showing us are directly related to a person who has been charged and convicted of an incident related to sexual violence and harassment, and unless the presenters can give us a warning that we are going to be looking at visual images like this, this is not appropriate at this time or related to what we are talking about here today. So I would ask you to continue with your presentation, but not with this. Thank you.

Ms. Anne Lee: Okay, no problem. But I would like to make the point that child victims—

Mrs. Kathryn McGarry: Can we change the slide?

The Chair (Ms. Daiene Vernile): Yes, MPP McGarry.

1540

Mrs. Kathryn McGarry: We have other people in the room who don't need to be seeing these. Thank you.

Ms. Anne Lee: Okay. Child victims are not considered, the cases aren't investigated, and they're not able to be witnesses and they are not included in the criminal statistics because there are no charges. So we have this circular reference, and I think in criminology circles they don't study it. I have heard from a number of people who treat sexual offenders who say they come up against this and they don't know what to do because they've never heard about it. But we can go on. I just wanted to say that this is something that needs to be considered within the realm of sexual violence.

I should step back. Within an assaultive transaction, there are actually three perspectives: the victim, the abuser and the observer. How we define "sexual" and how we define even "violence" sometimes is based on how the observer sees it, not how the offender or their victim sees it. So I think that it's important to include that. My apologies for the graphic nature.

I looked at your mandate and tried to see: How does this fit with what I'm trying to present? You talked about prevention, improving response, including diverse voices, shifting barriers and the advice of experts. No one is talking about this. The researchers who are trying to research it have a very difficult time getting their voices out.

I've only given you one handout. I read some of the earlier notes. You're concerned about people speaking and not getting to recommendations. This is an article from *Child Abuse and Neglect*, volume 23. It's about the idealization of women and its role in the minimization of child sexual abuse by females. It is a recommendation on how professionals can address this issue—the fact that it is so invisible. So I've done an excerpt from it, and it's an excerpt that I've given you. This author, Jacquie Hetherton, talks about professional vulnerability to popular myths about female child sexual abuse: "Before the public is convinced of the true extent of female child sexual abuse, doctors have to first suspend their disbelief that it can occur. The same is true for all professionals working in the area of child sexual abuse."

The recommendation is to improve professional practices in response to female perpetration. The following recommendations are proposed:

- counsellors and investigators must foster a climate which indicates that such disclosures are permissible;

- female abuse must be routinely probed for as a matter of course;

- minimization of victims' or survivors' experience is devastating and should be classified as secondary abuse;

- the responses to all victims and survivors therefore should be equally supportive regardless of the perpetrator's gender;

- the involvement of females in cases of child abuse should be investigated just as thoroughly as their male counterparts and should involve questioning which is just as detailed as that which occurs when males are suspected of abuse;

- professionals throughout the child abuse system must be receptive to the idea that females are capable of serious abuse and should be willing to refer female perpetrators to therapy or to the penal system, as appropriate;

- researchers should endeavour to investigate empirically whether professionals in the child abuse system demonstrate gender biases in their work, and this tendency must be brought to the attention of professional agencies involved in order that they can then be addressed; and

- professionals in the child abuse system should strive to lift the taboo surrounding female child sexual abuse by bringing it into the public arena.

"Without such endeavours, survivors may experience continued isolation, disclosure may be inhibited and the belief that the phenomenon does not exist will continue to be perpetuated."

I would like to direct you to a wonderful website, femalesexoffenders.org. It's run by a mental health professional in Massachusetts, I believe. He has a huge

bibliography of almost 700 references on female-perpetrated sexual abuse going back to 1857. If you're looking for information, that is a really good place to go. He also has a wonderful list of resources that will give you more information on this.

I looked at the mandate and I wanted to speak to the mandate of this organization, both as a survivor myself who has never been able to get my own abuse acknowledged—there's no way into the justice system if your abuser is female, unless it is extreme.

Prevention of sexual violence and harassment: To do that, you really need to look at how people learn to commit sexual violence and harassment, and to do that, you need an open mind. It's important to consider that if you truly look at this, you'll get a lot of information you might not have known and you might not be comfortable with—for instance, the significant percentage of perpetration of female sexual abuse in the backgrounds of male rapists. Likewise, there are other, different demographics. For female rapists, I understand there's not much research on it, but they usually have been abused by more than one person—

The Chair (Ms. Daiene Vernile): Ms. Lee, you have one minute left.

Ms. Anne Lee: Okay. I'm just going to do really quickly—this is Vanessa George. She was convicted of child molestation on the Internet. This is an article from the *Guardian*: "Up to 64,000 Women in UK 'Are Child-Sex Offenders.'" How many do we have in Ontario? How many do we have in Canada? I don't think we know. I haven't heard anything. Why don't we know? Because in my experience, we don't ask, ever. My background is in IT and in data, and if the data is incorrect, you're never going to get accurate statistics. We don't want to talk about it, we don't want to think about it, we don't want to know about it.

The Chair (Ms. Daiene Vernile): Ms. Lee, thank you very much. Our first question for you is from our NDP caucus.

Mr. Taras Natyshak: Thank you, Ms. Lee. I think I get it. As difficult as that little clip that you showed was, I can't imagine—I guess it would take me some time to imagine, but I think you needed to show us that. You felt as though it was an integral component to your deliberation.

Ms. Anne Lee: Yes, and I apologize for doing that.

Mr. Taras Natyshak: That's okay. We're hearing things as a committee that are shocking to us, that are outside of the norm of our committee. We're prepared to hear that, but we also have to have an open mind. So I'm approaching your testimony with that, and I thank you for it.

What you displayed there was pure evil; that's what it is. We have heard various incarnations and interjections of where sexual assault and sexual abuse can happen. I want to thank you for bringing up the realm of what is ultimately female abusers—

The Chair (Ms. Daiene Vernile): Thank you very much. I'm sorry, but I've got one minute per caucus, and you're well into the next caucus's question.

Mr. Taras Natyshak: Okay, I'm well in. With your indulgence, Chair, what I want to say is, how do we support female abusers coming forward, as we do with male abusers who seek to remedy, who seek to get counsel? Are we doing that?

The Chair (Ms. Daiene Vernile): I'm sorry. MPP Natyshak, you've now moved well into the time of the other caucus. Perhaps you can have a chat afterwards.

Our next question is from our Liberal caucus.

Ms. Harinder Malhi: Thank you very much for your presentation. We don't have any questions at this time.

The Chair (Ms. Daiene Vernile): Thank you. Our final question for you is from our PC caucus.

Ms. Laurie Scott: Maybe I can just add onto MPP Natyshak. The treatments that the victims are treated with, or the perpetrators: How are they different? Like, as opposed to child abuse—female abuse—

Ms. Anne Lee: Sorry, are you talking about the victims or the abusers?

Ms. Laurie Scott: You can address both, if you don't mind.

Ms. Anne Lee: There is a woman who works with sexual offenders in Texas I have been speaking to. She believes they're the exact same. It's the exact same demographics. As a matter of fact, she measures sexual arousal to deviant images, and she says it's the exact same approach.

For victims, I think it's really important that we don't segregate and we don't discriminate. Currently, we discriminate against female victims. There are no services anywhere. This is an invisible topic, and yet it's brought up over and over again.

I should say that the researchers and the people who study this also feel almost shunned from their community. It's very difficult even for the professionals to get the information out.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Lee. If you would wish to join our audience, you may do so.

1550

MS. CHERI DiNOVO

The Chair (Ms. Daiene Vernile): I would call on our next presenter, and it is MPP Cheri DiNovo. Ms. DiNovo, you have 15 minutes to address our committee, and that will be followed by questions. Please start anytime.

Ms. Cheri DiNovo: Thank you, Chair, and thank you all for the work you're doing. I can only imagine how difficult it is.

My story—and it's not new; it's been reported in Maclean's, and I'll simply reiterate it for you—is not a story of evil. It's a story of the commonplace. It's a story of the everyday. It's a story that I think many young women face—and not-so-young women.

First of all, I want to commend already the money that's been set aside for this and the advertising campaign, which I think has had a really positive impact.

But I have to say that's only part of the story. When Antonia Zerbisias started her hashtag, which was #BeenRapedNeverReported, and it became viral, I responded to her and I said the reason that women do not report sexual assault is because sexual assault is from someone they love, someone they respect or someone they fear. The advertising campaign is pretty good for someone you might come to fear. Those we fear are dealt with in various ways through the criminal justice system and other systems. I think those we love and respect are a huge problem that is far more difficult to address. My story is about that, and I just told it recently. I actually told it on Saturday to a group of women who are survivors in my neighbourhood, who have started a group.

When I was in my 20s, I was very serious about a young man who I have to say is still a good friend, someone I love, someone I treat as a brother. We had been in a relationship. I'd known him since early high school. We broke up. I was the instigator of the breakup; this is a very common scenario. I went to get some of my stuff from his place. The sexual assault occurred then.

When I told this story to Maclean's and when they put it online—and after that, I actually phoned this individual—he's not in Ontario—and wished him a happy birthday, I thought, "I don't think he even recognized himself in the story." I don't think he even recognized himself in the story. That is what rape culture looks like. Rape culture and date rape look like a young man who does not recognize himself in the story.

We, as women, are subjugated to an incredible plethora of media which shows us as willing victims, which shows us in 50 Shades of Grey and other films I could mention as women who, just because you don't say "no" or you don't scream "no" and be more specific, are therefore available. They're available. I think this truly is an educational moment. It's about education.

When I told the story yet again on Saturday to a group of women, one of the women said, "But you're an MPP now. You've told it to Maclean's, blah, blah, blah. You should confront him and you should make his name public." Then another woman from the same group said, "You know, I was assaulted by my father"—a very common form of sexual assault, I might add, to a young girl: assault by a family member, in this case from a father. She said, "I love my father. There are all sorts of positive and wonderful things about my father. This was not one of them, but I am not going to call the police on my father because that's not the way either my culture or I can deal with this. That's not helpful."

I would say the same thing about my assault. It is not helpful to call the police on someone you love and someone you respect, who is as much, in their own weird way, a victim of the rape culture—the educational system and the lack of it and the media we're surrounded with—as you are.

The way forward is not always and only criminal, it's not always and only the justice system, and it's not always or only even this committee. What I would suggest—and I know you had somebody from White

Ribbon come to testify before you—is that, really, what we're confronted with here is a systemic problem.

I have to tell you, I have run out of numbers—as a United Church clergyperson, as an MPP—of young women who know my story, who come through our constituency office, who have told me similar tales. Date rape is prolific; it's common. Rape by those you love and respect—who you would never turn in to the police because you love and respect them—is common. It happens all the time. The tip of the iceberg is the criminal stranger-danger issues. The huge iceberg underneath is those you know: the family, the friends. There are all sorts of other aspects of your relationship with them; this is only one of them.

I really wanted, and I felt it was important, to come and tell you about that aspect. I can tell you—for all the women's groups that I've talked to, all the people who have come through, both during my clergy days and also through being an MPP—that most of the women have the same story.

I say the same thing to them: "Why didn't you call the police? Why didn't you turn them in?" They say the same thing: because this is someone they love or respect, or they're a friend or they're a family member. That wouldn't be helpful; that wouldn't solve the problem. The problem is so much bigger and broader than that. I say to these women, "I may, in some future time, have this conversation with this individual."

But honestly, it's not the answer. It's not the answer to my children or my grandchildren or your children or your grandchildren. I asked my daughter, who's in her thirties now—I have a daughter and a son—"Why do you think women get raped and don't report?" She said, "Because it's humiliating and it's embarrassing."

In that moment, I knew that the same thing had happened to her, and I knew that the same problem existed out there. If women can say, "It's humiliating and it's embarrassing," about date rape, about unwanted sexual advance and assault, then we have the same problem.

It's not somebody jumping out at you—which also happened to me. I told Maclean's I remember walking home from work one night, as a young woman, and somebody jumped out with a knife. I screamed and, luckily, they ran away. The story could be otherwise. That's a minor part, a small part, of the problem we face. The larger part is those we know, those we love, those we respect.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. DiNovo. The first question we have for you is from our Liberal caucus.

Mrs. Marie-France Lalonde: Thank you very much for being here. I'll say—on behalf of all of us, I'm sure—thank you for actually coming forward and talking in front of this committee. I really appreciate that.

I need to ask you—I think you're singling out a very important point, which is the 90% who don't report. Give me some examples of how we can—maybe not reach, but how can we help that 90%, and what would you recommend to us, as a committee, to write on that aspect?

Ms. Cheri DiNovo: I think that, really, we have to start when children are in elementary school and in high school. We have to start talking about what consent is, what consent looks like. In that educational environment, we have to talk to our children about what they see on television and in the mass media, which is not helpful. If you turn on your television, if you watch *Law & Order: Special Victims Unit*, you will see females being mutilated, females being assaulted. This is constant. You will see, in rock videos, in MuchMusic videos, women being objectified, women being objects, not subjects, of sexual desire.

I think it's an educational process, and it's not just about women. That's why it's so good to see men on this committee. It's not just about women. It's about how we educate our sons as well as our daughters about what it means to get consent.

I think there's a lot of mythology out there, and our girl children are absolutely at risk. They still are—more so than ever, I would argue, in fact. And our young men are bewildered about what their sexuality means, and they're not educated about appropriate ways of being sexual in the world, and that's also true.

1600

Mrs. Marie-France Lalonde: Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you. Our next question for you is from our PC caucus.

Ms. Sylvia Jones: Thanks, Cheri. Look, you've sat on these select committees. You understand what we're trying to accomplish here. We just got a research report today that talks about recidivism—I still can't say that word—repeat offenders. I get the prevention piece. I understand how important that is, but I also am concerned that by ignoring the perpetrator, we're actually making it worse.

As I say, you've been on select committees. If you could make one recommendation that we can all agree with—share your thoughts.

Ms. Cheri DiNovo: Sure. I have to say this is more difficult than I thought it would be, because I know I'm among friends here.

Absolutely. I've also been the United Church minister who has gone to Family Court. I've been there when the restraining orders go out—and how useless they are and how women die as a result of the lack of enforcement. I don't want to minimize that. That's absolutely critical.

But I do have to say that if there's one recommendation I have, it's that we look at our core curriculum in our schools, that what we do is we're looking at consent and we talk about these issues. I'm one of those who supports the sex ed curriculum, but I think we need to go further than that. We need to talk about what it is to give consent. For girls, what it means to date, what it means to have a healthy sexual relationship, not an unhealthy one. We are inundated with unhealthy sexual representation in our media.

The problem is that children take this to heart. They grow up to become men and women, and they don't know any other way of acting. They think this is appro-

priate. That's the huge elephant in the room that we have to address.

The Chair (Ms. Daiene Vernile): Thank you. Our final question for you is from our NDP caucus.

Ms. Catherine Fife: Thank you very much, Cheri, for coming forward. I think that when people do come forward and have the courage to do so, then they open the doors for other people to share their stories as well. I want to thank you for that.

My question is connected, as well, to the recidivism, because familial child sex abusers will re-violate—there's a 13% rate that they'll come back. Your point about people feeling too humiliated or embarrassed, and that there's re-victimization, if you will, by coming forward and sharing and reporting, that's where I want to go. I want this committee to have something tangible at the end of this, to say: How can systems of support actually be supportive so that more women and men come forward and report abuse?

Ms. Cheri DiNovo: Absolutely. I think this committee has certainly seen what's happened on our campuses and the problems there. We've seen turning a blind eye to the issue. I couldn't agree more.

All I wanted to bring forward is simply that there is a larger—really, much larger—problem here. We know with child sexual abuse—a former speaker was talking about that, that the vast majority—90%—of that is someone the child knows and is probably a family member.

I've lost track of the number of women I've spoken to who have had child sexual abuse perpetrated upon them by a relative. Those children grow up to be victims of other abuse. Those abusers go out into their communities and continue to abuse. Absolutely, it needs to be reported. But we have to make it safe for women to do so. Right now, it's not safe for women to do so.

I said three things. I said sexual assault and sexual abuse happens from somebody you love, somebody you respect—that's at least two thirds of it—and somebody you fear. If it's somebody you fear, somebody who has a hold over you, either employment-wise or in any other way, you're not going to come forward because you can't afford to. If it's somebody you love or respect, you're not going to come forward because you're not going to walk away from your entire family and community, which, by the way, our racialized communities are most at risk of. I've heard from many racialized communities and women in those racialized communities who said, "But if I spoke up"—and some of them have—"I would have to walk away from every family gathering, I would have to walk away from my entire community."

We cannot ask the victim to be further victimized by doing that. We have to find a way around the shaming and blaming and charging to how we prevent this from happening. How do we assist victims when they're ready—if they're ever ready—to come forward? It's the support for victims that is lacking. That's where I would turn to the government side and say we need money into victims' services. That's where it starts: Helping the victims, not going after the perpetrators.

The Chair (Ms. Daiene Vernile): Ms. DiNovo, thank you very much for sharing your experiences and your insights with this committee.

Ms. Cheri DiNovo: Thank you.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

The Chair (Ms. Daiene Vernile): I will now call on our next presenters with the Registered Nurses' Association of Ontario.

Please have a seat. Make yourselves comfortable. You'll have 15 minutes for your presentation, and that will be followed by questions from our committee. Start by stating your names and begin any time.

Mr. Tim Lenartowych: Sure. Good morning, my name is Tim Lenartowych.

Ms. Lynn Anne Mulrooney: And I'm Lynn Anne Mulrooney.

Mr. Tim Lenartowych: I am the director of nursing and health policy with the Registered Nurses' Association of Ontario. I'm also being joined by my colleague who is a senior policy analyst with our association.

As many of you are aware, RNAO is the professional association representing registered nurses, nurse practitioners and nursing students in Ontario. Our mandate is to advocate for healthy public policy and the nursing role in enhancing the health of Ontarians. We appreciate this opportunity to appear before the select committee as you look for ways to both prevent and improve our response to Ontarians who have experienced sexual violence and harassment. We also thank the many Ontarians from every walk of life who have bravely shared their experiences and prompted the government of Ontario to listen and release *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment*.

In your package you will find copies of both our formal written submission with references as well as our speaking notes for today.

Sexual violence can and does happen to everyone—people of every age, ethnicity, class, sexual orientation, gender identity, religion, national origin and physical appearance, and across the ability-disability spectrum. While anyone can be a target of violence, different social locations, power relations and experiences can intersect in people's complex and multi-dimensional lives to increase vulnerability.

Thank you for visiting Sudbury, Thunder Bay and Sioux Lookout to listen first-hand to how colonization, racism, sexism, residential schools and intergenerational trauma impact health and wellness. As a provincial organization, we urge the governments of Ontario and Canada to respect, support and fund aboriginal communities and organizations in the implementation of the *Aboriginal Sexual Violence Action Plan*.

In March 2015, after gathering detailed evidence, the UN Committee on the Elimination of Discrimination against Women reported that Canada's failure to prevent and protect aboriginal women from disappearances and

murders was a grave violation of their human rights. RNAO supports the implementation of these recommendations as a whole, including the establishment of a national public inquiry and plan of action; improving the socio-economic conditions of aboriginal women; taking measures to overcome the legacy of the colonial period and to eliminate discrimination against aboriginal women; and improvements to policing, access to justice, victims' services and attentiveness to the situation of those involved in the sex trade.

In our written submission, we bring to mind a woman who was sexually assaulted twice within an hour by two different men on the steps of Street Health in downtown Toronto. This incident was captured by security video and was then reported to police by nursing staff at Street Health, who provide health care services to those who are homeless. Poverty is a form of structural violence in itself. It makes those living in poverty more vulnerable to direct violence, especially, as in this example, when the shelter system was at capacity, and there were no 24-hour safe spaces for women to drop in.

Early life trauma—including sexual, physical and emotional abuse and neglect—has a lifelong impact that carries into adulthood, with an increased risk of mental health challenges, substance abuse and suicide attempts, as well as risk for violent victimization. That's why RNAO has recommendations to address poverty, such as increasing access to affordable housing, raising dangerously low social assistance rates and increasing the minimum wage. We need to strengthen Ontario's Poverty Reduction Plan with a detailed implementation plan that includes targets and timelines, as well as substantive public investment.

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Those who have experienced trauma are often re-traumatized in their contacts with health and social services that are supposed to be helping them. It is critical that providers, organizations and systems become informed about and implement trauma-informed care. Hospital-based sexual and domestic violence treatment centres provide such care, but they need protected, substantive and sustained funding so that they have the staffing and resources to provide excellent, appropriate and timely care that is consistent with international standards and best practices.

In our written submission we remember, as we often do, registered nurse Lori Dupont, who was murdered just before her 37th birthday in the operating room of Hôtel-Dieu Grace Hospital in Windsor. Lori's mother described her as "a victim of workplace harassment and violence—harassment which was allowed to continue over an eight-month period and escalate into the most severe form of physical violence." Even prior to this eight-month escalation, the work colleague with whom Lori had a past relationship, Dr. Marc Daniel, engaged in disruptive behaviour with multiple staff members despite the hospital's zero-tolerance harassment policies, bylaws and codes of conduct.

For this reason, the inquest jury felt it necessary to make multiple recommendations around the principle of

ensuring that patient and staff safety, as well as patient care, must be the most important factors "and not be superseded by a physician's right to practise." Therefore RNAO advocates for amending the Public Hospitals Act to replace medical advisory committees with inter-professional advisory committees as part of strengthening health outcomes, quality of care and inter-professional care, as well as addressing power imbalances.

We also recommend that the Ministry of Labour review the Occupational Health and Safety Act to include safety from emotional or psychological harm, rather than merely physical harm, as part of the mandate of the ministry.

Although the Occupational Health and Safety Act does include wording prohibiting reprisals by employers, RNAO continues to recommend explicit and strong language to protect whistle-blowers concerned about incidents or potential incidents of violence and harassment and other threats to the health of the public as a safety valve for our health care system.

In February, RNAO paused to honour the life and mourn the death of another dear nursing colleague who was murdered this fall in Toronto. A beloved and respected nurse practitioner who worked for Toronto Public Health, Zahra Abdille, and her two sons fell through the cracks. When Zahra fled in fear from her husband, she tried to get an emergency court order to protect her children. Zahra didn't have enough evidence to prove that her sons were at risk, she couldn't get the financial documents requested of her, she didn't qualify for legal aid and she couldn't afford a lawyer as her husband controlled their bank account. After three weeks in a shelter, Zahra and the children returned to their violent home, where they were eventually found dead after her husband committed suicide.

It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment identifies the need for "more help and better supports for survivors in the community." Policies that create barriers to safety as they intersect, contradict and do not take into account the complexities of women's lives include those that are related to income security, safe and affordable housing, freedom from discrimination and persecution, child access and custody, access to community supports and access to legal representation. It is critical to identify how and why the woman assaulted twice on the steps of Street Health, Lori Dupont, Zahra Abdille and many other Ontarians fall through gaps in our system, and make sure that no others are lost through these preventable tragedies.

On behalf of Ontario's registered nurses, nurse practitioners and nursing students, we thank you once again for the opportunity to appear before the committee. We look forward to your questions.

The Chair (Ms. Daiene Vernile): Thank you very much. Are you going to be speaking also?

Ms. Lynn Anne Mulrooney: I'll help with the questions.

The Chair (Ms. Daiene Vernile): Okay. Our first questions for you are from our PC caucus.

Ms. Laurie Scott: Thank you very much for appearing here. The RNAO did an excellent presentation, as well as the nurses, in Sioux Lookout. I have followed up with some questions about access to rape kits and the education that the nurses receive, so hopefully we're on that path.

You brought in a lot of suggestions. The Ontario Hospital Association—I'm just trying to get people on your side—how do they feel about the changes you've suggested to the Public Hospitals Act?

Mr. Tim Lenartowych: I certainly can't speak for the Ontario Hospital Association, and unfortunately I'm not aware of their position on that matter.

Ms. Laurie Scott: Okay. I just wondered if you'd lobbied. How about the Ministry of Labour? I'll follow up with that one next. You suggested changes to the Ministry of Labour on the Occupational Health and Safety Act. Have you taken that a little bit further to see what kind of reactions—not that we're not going to bring it up again. But I just want to know if you had spoken with the Ministry of Labour on that level?

Ms. Lynn Anne Mulrooney: As far as I know, we haven't spoken directly, but it's certainly been something that we've been advocating along with some other groups as well.

Ms. Laurie Scott: Okay. The stories you've brought up are very tragic. I'm a nurse—as well as MPP McGarry, who I'm sure is going to speak also. But we do appreciate your advocating on this issue. It's very complex. I didn't know. You have done a nice summary. We had a little bit different in Sioux Lookout, which was good. I think the RNAO is coming to another spot also, Windsor maybe. I won't test the Clerk's knowledge right now.

I think you did a great job, and I don't have any further questions.

The Chair (Ms. Daiene Vernile): Our next questions for you are from our NDP caucus.

Mr. Taras Natyshak: Thank you very much for your testimony here today. Lori Dupont was from my riding, from Windsor—Essex, and her story continues to be a traumatic event for our entire community. It's something that we continue to try to deal with and are hopefully working towards a better situation within our health care system.

I want to give you the opportunity to expand on the recommendation to amend the Public Hospitals Act—similar to my colleague Laurie Scott, who asked you about that similar situation or similar concept. Can you tell us how it would work, what the mechanics are and what would be involved, resources required, what the outcomes would be and how it works today as opposed to how you see it with the reforms that you are suggesting?

Mr. Tim Lenartowych: Sure. Within the context of today's health care environment, we have evolved significantly from when the Public Hospitals Act was first introduced. Given the relationship between physicians as independent contractors within hospitals, the medical advisory committees were set up to essentially control

physician privileging processes and it is a physician-led committee.

Our concern is that given the changing landscape of health care, where we are relying more and more on teams, nurses, physicians, physiotherapists and dietitians, all working together to be able to provide person-centred care, it doesn't make sense to us to have these antiquated committees that afford a significant amount of power and authority to the operation of the hospital to physicians.

I think that given the infrastructure that is already in place—for example, we have chief nursing executives who are within all of Ontario's hospitals. There have been regulations under the Public Hospitals Act to require that these chief nursing executives are non-voting members of the board. I think the infrastructure's already there to be able to convene leaders who are representative of different health care professionals to the table to all provide their own unique perspective based on their expertise to better guide the leadership of the hospital.

I don't really foresee that this would be an exhaustive, lengthy, huge change. I think it's really getting that commitment to amend the legislation and provide support to hospitals in the process. Certainly from our association we would be more than thrilled to work with hospitals, to support them to accommodate such a change.

Mr. Taras Natyshak: Excellent. Thank you very much. Perfect.

The Chair (Ms. Daiene Vernile): Our final questions for you are from our Liberal caucus. MPP McGarry.

Mrs. Kathryn McGarry: Thank you very much. As MPP Scott has pointed out, I have also been a nurse—an emerg nurse—and have actually looked after and gone to court on behalf of women who have been sexually assaulted. I was very interested in your comments today and I would follow up, again, on the member from the NDP caucus's comment about the medical advisory committee being replaced with the inter-professional advisory committee. I think that's an excellent idea. I'd love to see that going forward.

One question I would like to know—and as a long-time nurse, I'm concerned because I don't think medical professionals get enough training in this scenario. My question to you is, are medical professionals—not just doctors and nurses—getting the kind of training they need to properly diagnose and treat survivors of sexual assault and violence?

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Ms. Lynn Anne Mulrooney: Absolutely. I think that's an excellent point, that there should really be more resources for people across the spectrum to have better skills and knowledge to treat people with trauma-informed care—the health care professionals certainly, but across all our health and social services, because so many people who are survivors of trauma end up in the criminal justice system or end up needing a whole bunch of services. It would be very helpful.

Mr. Tim Lenartowych: If I could just add to that as well, I think that there's an opportunity to continue to grow that competency. We had the opportunity to appear

before the ministry's task force on the prevention of sexual abuse on the part of health care professionals, and this was a topic that we talked about at length.

It can be operated in two ways. First off is looking at the actual undergraduate nursing curriculums and ensuring that those programs are going to respond to the needs, and then also ongoing education and training, looking at clinical practice guidelines. Our association has a number of clinical practice guidelines on this topic, and we continue to develop resources to support nurses in implementing them. I think that that's a step in the right direction, but I still think that there's an opportunity to do more.

Mrs. Kathryn McGarry: Nurses in particular, I think, are more vulnerable to issues with sexual violence and harassment from their patients, from their co-workers. I can think of, offhand, a dozen cases that I know about. So how would you address the particular challenges with a nurse or a front-line health care worker who is alone in a vulnerable area with a patient who may commit an offence?

Mr. Tim Lenartowych: I think it really goes back to having clinical practice guidelines in place and having the resources that—it's great to just have a nice book that sits on a shelf and, "This is what the recommendations are," but I think the key is knowledge translation: How do you actually translate that knowledge into action? I think that there are a number of different ways. We can take advantage of technology now to be able to have e-learning modules.

My concern often is access to education within northern and rural communities. Our association has a report that we're going to be releasing in a little over a week's time that we feel is going to remedy those concerns if the recommendations are actually acted upon.

The Chair (Ms. Daiene Vernile): Thank you very much. We appreciate your presentation to this committee today. We invite you to sit with our audience now, if you wish to.

ONTARIO NETWORK OF VICTIM SERVICE PROVIDERS

The Chair (Ms. Daiene Vernile): I will now call on our next presenter. It is the Ontario Network of Victim Service Providers. Please have a seat and make yourself comfortable. You're going to have 15 minutes to address our committee. That will be followed by questions. Start by stating your name, and begin any time.

Ms. Jade Harper: Good afternoon. I would like to begin by thanking the committee for the opportunity to be here today and to tell my story.

My name is Jade Harper, and I am the chairperson for the Ontario Network of Victim Service Providers or, for short, the ONVSP. Additionally, I am also the executive director of Victim Services of Durham Region. I'm also a survivor of both domestic and sexual violence, perpetrated by an intimate partner.

You may not be able to notice it, as it has faded over time, but around my neck there is a very faint scar which

carries great meaning for me. The reason for this is that in 1997 I was assaulted. In fact, I was almost murdered and was left for dead by a man I thought I could trust. I was wrong. The scar is the legacy of that attack.

The assault took a lot from me, but, thankfully, with the support of loved ones and friends, I reclaimed much of the trust and strength that was stolen from me.

After I began the long process of healing, I made a choice. I chose to dedicate my life to helping those who had been victimized so that Ontarians who needed help after a crime got the help they needed as soon as was possible. That's how I became involved in victim services in Ontario.

Eighteen years later, despite our best efforts and the work of many survivors, I can say that the problem of sexual violence and domestic abuse remains prevalent in our society, as does the need for support for victims. You see, roughly 25% of all women will face domestic abuse over the course of their lifetime and yet another quarter will be the victim of sexual violence. Speaking to you today from both professional and personal experience, these types of abuse are largely integrated. There are very, very few women who will face one without the other.

When one considers that almost 70% of Canadians choose not to report such crimes to police, you will see the scale of a vast and only partially treated problem. I am sure that other presenters will offer thoughts around different policies that together we can, as a society, enact to lower these numbers. But sadly, sexual violence and assault will be part of Ontario for the foreseeable future. As a result, I would like to use my time today to focus on ways that we can better provide support to those who have been victims of sexual violence, rather than offer thoughts on how to prevent it from occurring in the first place.

It is in the area of healing and support that agencies such as my own in Durham region come into play. Victim service providers such as ourselves exist in every corner of Ontario. Our mandate is simple: It is to provide immediate support to victims of crime, including sexual violence, through such programs as the Victim Quick Response Program. We also provide support and follow-up to survivors in accessing vital resources, such as counselling services, at a time when they need it most—but many, unfortunately, are least able to access it independently.

Recently, we've been very active in confronting two evolving and particularly problematic forms of sexual violence: Internet child exploitation and human trafficking. Both are devastating for the victims and, sadly, both are on the rise.

However, despite our heavy responsibilities, victim service sites are surprisingly cost-effective. The reason we can accomplish our mandate for a relatively small amount of money is thanks to our reliance on highly trained and committed volunteers. Across Ontario, in fact, almost 10,000 people offer their time freely to agencies such as mine, and I can tell you that it makes a world of difference.

I am proud to say that, last year, thanks to the support of government and our volunteers, local victim service agencies helped literally thousands of people in this province get the support they needed following a sexual assault. However, the simple fact that we are here today indicates that we must do more, and we must do more together, to confront this problem.

You are not confronting this problem alone. My association, the Ontario Network of Victim Service Providers, which represents the majority of victim service providers in this province, stands ready to support you and stands ready to support the work of this committee and the government at large. We want to work with you, because that's what we do. We help victims of crime, and we want to help you help victims.

As a first step, I would respectfully offer the following four suggestions, both as a professional who works with victims daily as well as a survivor.

(1) I would ask that you treat services, such as victim services, the shelter system, or rape crisis counselling centres, for example, which support victims, as a key, foundational element of any integrated strategy. Prevention is key, but there must be robust supports available to those who are victimized.

(2) I would encourage these providers to work more closely together to provide a more seamless service to victims. Providing resources over time to support this integration would also be helpful.

(3) I would ask you to understand that when a woman is a victim of sexual violence or sexual harassment—or, frankly, any citizen, for that matter—they are not victimized in isolation.

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When a woman is assaulted, her children suffer. Her parents suffer with her, as do her friends and the broader community. Programming must be in place to provide outreach and support to family members as well as the primary victim. This will make the decision to report sexual violence less painful.

(4) Public education around support services, such as victim services, or some of my colleagues in terms of rape crisis counselling or, in general, the violence-against-women shelter programming, must be done so that women, and young women in particular, know that there are options for them at any age. Too many women simply do not know what help is available to them.

Ontario has already made significant progress in some of these areas, particularly in the recent advertisements, which were simply wonderful, and I commend you. However, we cannot make this problem go away entirely in the near term. As a result, I would encourage the committee to call for action in the areas I've identified. Concrete and granular programming in these areas could then flow from constructive policies developed in conjunction with your core stakeholders, such as the Ontario Network of Victim Service Providers, various lead ministries, policing partners and survivors themselves.

In closing, I would like to again thank the committee for the chance to speak today. Eighteen years ago, I

didn't think I would live out the day, let alone sit in front of you as a leader in victim services for Ontario and as the executive director of my own agency. But I am here, as are thousands of other women who have lived through similar trauma.

I am proud of myself for being able to rebuild my life, and I am proud of each of you for confronting this challenge, which is not a pleasant one. However, it is one that must be addressed for the sake of every Ontarian. Toward this end, the ONVSP, the Ontario Network of Victim Service Providers, and my colleagues and I in like organizations—we stand at the ready, to help you in this very important work.

I would be pleased to take any questions you may have.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first questions for you are from our NDP caucus.

Ms. Catherine Fife: Thank you very much, Jade, for coming and for sharing your story.

You do bring a unique provincial perspective, and I appreciate the fact that you are advocating for a holistic approach to victim services. I wanted to ask you about the model that you would prefer to see across the province, because there's great inequity around those models. Can you speak to co-location of services that support a victim when she has enough courage to come forward to talk about her experience?

Ms. Jade Harper: I think that there's a lot of evidence-based research that suggests that co-located and coordinated responses to victimization—in general—certainly work to support an individual, simply because you are eliminating the many steps that a client or a victim needs to address.

With respect to some of those hub models, for example, I can tell you that in Durham region, I have been a member of our executive steering committee for almost a decade, and a model specifically addressing the needs of those women who are facing domestic violence and sexual violence—and it has been extraordinary, on two fronts.

It has been extraordinary in the sense that, together, as collaborating agencies, we have developed protocols, practices etc., in order to address the multiple needs that present themselves. Also, I think it goes without saying that there's value there for the client. Victim service providers are an integral component of that. We in fact work in conjunction and in partnership with policing partners, but to access our services, it doesn't require that you actually complete a report with the police.

Ms. Catherine Fife: Which is important.

Ms. Jade Harper: Yes, you can be self-referred. Independent of a hub model, if people don't know about a service, whether it's integrated, co-located, coordinated or otherwise, without public awareness, first and foremost—"You're not alone. Let's eliminate the shame. Let's work together with you"—they won't access it. I guess I'm giving you a long-winded answer.

Yes, I think that there is value in integrating this. The reality is that this does not happen in isolation, so it

would be foolish, in my view, to approach it from a singular perspective. It must be integrated.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from MPP Lalonde.

Mrs. Marie-France Lalonde: Thank you very much, Jade, for being here and again sharing this story. You talked about—and I think it's a little bit what MPP Fife was saying—a better coordination of services. Can you maybe tell this committee, how would you see this? What would be the steps that you would see would improve it for our victims and survivors?

Ms. Jade Harper: By being coordinated?

Mrs. Marie-France Lalonde: Yes.

Ms. Jade Harper: I think that, obviously, with respect to any of the work that we do with a client, they first and foremost must consent. They must provide approval, if you will, in order to engage in this. But by doing so, by indicating to us that there's a willingness for us to be able to share their information, for example, with other service providers, quite frankly it means that we're then able to wrap around our services and better attune ourselves to what it is that that client is needing.

However, independently—if I just step back from a coordinated approach for a moment—we already function, to a large degree, in that regard. Victim services agencies, to simplify it, act as brokers within our communities. It is paramount that we know what organizations have wait-lists, what programming is available when and how we might better serve our clients by understanding what's happening locally within our communities.

We already have a coordinated response model. In terms of the formal request or a hub model, I do understand that many communities are looking at making it more formalized, and I think that there would be great value in that response for a victim.

But in large part, in the 47 centres that exist across Ontario, we are already doing that to the extent that we can by working with our community partners, knowing that we are not the bee's knees. We don't have all of the programming in, so it's responsible care for our clients and continuity of care for our clients to ensure that they have access.

Mrs. Marie-France Lalonde: Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you. Our final question for you is from our PC caucus.

Ms. Sylvia Jones: Thank you, Ms. Harper. Excellent presentation and recommendations.

I wanted to zone in particularly on your your trained and committed volunteers; I think you mentioned the words "10,000 across Ontario." I have seen in other situations the value of peer support, the value of lived experience, and I'm going to presuppose that you have also seen that in your organization. Is there a way that the provincial government can support that model so that it isn't just surrounding your organizations or the communities that get it? Is there something that we need to do at the provincial level for training support? You tell us.

Ms. Jade Harper: For volunteers?

Ms. Sylvia Jones: Yes, and the peer support model.

Ms. Jade Harper: Our volunteers across Ontario afford us the ability to be a 24/7 model. I think, first and foremost, recognizing that contribution is utmost. I often say to our volunteers, "Thank you for giving us your time for victims of crime." Quite frankly, time is a limited resource for all of us.

I think that recognition is one piece in order to provide the opportunity for others to aspire to give back; if they felt as though they were a valuable part of the system. I think, locally, we have to do a tremendous job at reward and recognition for our volunteers; otherwise, we wouldn't have them. But provincially, I think that there's an opportunity to really recognize those Ontarians who are quite frankly walking in the door when everyone else is walking out. It's an extraordinary skill set.

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The second, I think, would be around supportive training and opportunities for professional development. In Durham region, I am in a blessed position of being able to have both staff and volunteers, and yet my staff are afforded the opportunity to have more professional development than my volunteers—

Ms. Sylvia Jones: Do your volunteers go through a police record check?

Ms. Jade Harper: They do.

Ms. Sylvia Jones: So—do I have time?

The Chair (Ms. Daiene Vernile): Yes, you do.

Ms. Sylvia Jones: Perfect. My question is going to be related to something that I've been working on for a number of years, and that is allowing the police record check to be used in multiple agencies. So similar to a college transcript: Once you have it for a year, you can use it for multiple organizations. I see it as a provincial opportunity to say, "What you do as a volunteer is important to us." Stats do show that people who volunteer tend to volunteer for multiple organizations.

What are you doing to cover the cost of your police record checks for your volunteers? Are your police giving it to you gratis? How is it working in Durham?

Ms. Jade Harper: They are. We have a very symbiotic relationship with policing agencies across Ontario, and they gift it to us. In addition to a vulnerable person's background check, there is an extensive recruitment as well as screening process that they need to go through. So I do believe it would be advantageous for an individual to be able to walk that CPIC to different agencies. So conceptually, I'm in agreement with you.

I think that with respect to our particular work that we do, because we have so much data, sensitive data, at the ready and at the availability of our volunteers, we have to go through perhaps—I'm not suggesting that other programs aren't as extensive, but ours, for sure, are very exhaustive with respect to the background check.

Ms. Sylvia Jones: Thank you.

The Chair (Ms. Daiene Vernile): Ms. Harper, thank you very much for presenting your information to this committee. We invite you now to sit with our audience if you choose.

ONTARIO NETWORK OF SEXUAL ASSAULT/DOMESTIC VIOLENCE TREATMENT CENTRES

The Chair (Ms. Daiene Vernile): I will call on our next presenters with the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres.

Ms. Sheila Macdonald: Here?

The Chair (Ms. Daiene Vernile): Yes. Just take a seat and make yourself comfortable. You're going to have 15 minutes to address our committee, and then we are going to follow that up with some questions for you. Begin by stating your name and begin any time.

Ms. Sheila Macdonald: Great. Thank you for the opportunity to speak today. My name is Sheila Macdonald. I'm the provincial coordinator for the hospital-based sexual assault-domestic violence treatment centres in Ontario. My perspective in speaking with you today is through various lenses: One is the provincial coordinator, as I said; one is the clinical manager of the Sexual Assault/Domestic Violence Care Centre at Women's College Hospital; one is a registered nurse with 25 years of experience in this work; and finally, as a member of the task force on the prevention of sexual abuse by health professionals that was established by the minister in December of this year.

I'm aware that several of my colleagues have spoken with you around the province and also provided you with information about our network, our mandate and services in previous documents. So in order to reduce repetitiveness, perhaps, I just want to support the submission that was provided particularly by my colleague Melody McGregor of Thunder Bay, who did a submission for you, as well as by the Ontario Coalition of Rape Crisis Centres. I reviewed both those documents, and they made good comments and suggestions to you. I'll address other things, since they've already done it, but I just want to be linked to them, if I could.

To start, I highly commend the government for the commitment to addressing violence against women and seeking opinions around the province. I believe that we have a good infrastructure in place in Ontario. We have, to my knowledge, somewhere in the area of 44 sexual assault centres. We have 35 treatment centres, legal aid services, victims services, counselling, shelters, hotlines etc., yet there's a significant barrier to victims coming forward for help and getting what we need. I think that at least we have the groundwork—the framework—to build on, to strengthen the services. So how do we do that?

Specific areas that I want to address today—one is from the health care perspective. Despite having our 35 treatment centres in place, we've had challenges in health, in providing the 24-hour coverage.

A reminder: Our service is predominantly staffed by nurses, who provide the 24-hour health and forensic care to victims who present to one of the treatment centres.

We have established relationships with our emergency departments in surrounding areas. Should a victim in Toronto, as an easy example, show up at Toronto

Western Hospital, our service is mobile over to Toronto Western—in fact, to all of the seven emergency departments.

But we've had challenges province-wide in maintaining the staffing, mostly because our original staffing model was a nurse who was on call from home, who came in if a victim presented. That staffing model, 25 years later, isn't working. It's difficult to retain nurses on a team, being paid \$3 on standby pay, to come in with the level of skill and expertise that's required for this patient population.

I have taken this concern to the Ministry of Health, and I appreciate that they are working to respond to it. I hope that that issue is addressed, but it's something that needs to be monitored in an ongoing way. Sometimes our hospitals, which are facing financial crises of their own, are diverting dollars from our programs at the expense of our ability to provide 24-hour coverage. That's an issue I just have to raise here as well.

The specialization of this role has changed dramatically in the last 15 to 20 years. It's a nurse-led model. When I started in 1990, it was a nurse-physician team. But to maximize the use of the RN role—as well as to recognize that we had trouble getting physicians—the nurses have been trained, with specialized training, to provide the care to the patients who come in.

But issues that have emerged over the years—drug-facilitated sexual assault, the issue of HIV—have all increased the skill and knowledge required for this population, so it's difficult to recruit, train and then maintain staff. It's a constant challenge to keep people at the skill and level of knowledge that's required for this work. I hope that we are able to address it.

I've asked the ministry—and I hope that you will help with this—to maintain the ongoing monitoring of funds, ensuring that the services are providing what they need to.

As I said, we also are reaching out through an initiative to all the emergency departments in the province to make sure, no matter where a patient shows up, that they get the appropriate response. There are only 35 treatment centres. There are somewhere in the area of 110 emergency departments. We can't have a treatment centre in every emerg, but we can collaborate as partners. We are working to do that as well, and I've asked the ministry to help us with that.

In terms of counselling, which is a big issue, our treatment centres want to be able to provide longer-term counselling. Our mandate is actually short-term. "Short-term" can mean anywhere from six to 20 sessions. I believe my colleague in Thunder Bay already articulated the complexity—the need for counselling services for patients.

From our experience in Toronto—we see many patients with complex mental health issues, and 20 sessions just isn't enough. Survivors spend an extraordinary amount of time seeking out the longer-term support they need to get, so that they can get back to a quality of life, so that they can move beyond the experience that has

happened to them. We need to be able to do more than that short-term counselling, given the specialized training that we have with our counsellors.

I believe that we also need to strengthen the collaboration among mental health services in general, and that communities need to road-map out what are the mental health supports or services in place, who is doing what, and how one patient moves to another service. We all have a role in this; we all have something to do.

I believe there are patients who are probably on every waiting list, desperate to get access to service and not being able to find it anywhere. So I think there is a gap or a weakness in how our mental health services collaborate.

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I also think we need to ensure that counsellors who are providing the counselling to patients have been traumatized. It's a specialization. There needs to be an understanding of the root cause of violence to support patients through it, and that's not something that every counsellor or every social worker has been trained in, and that's particularly important.

From the criminal justice system perspective, I believe that all cases of sexual assault need to be treated seriously by the legal system. My experience over the years is that often, stranger rape is considered more serious than what we call "date rape." Assaults tend to get minimized. Police don't want to lay charges. The cases don't go to court. It becomes an issue of consent. Victims come forward, and almost immediately, a significant number of cases are dropped off. I think we need to look at how we are handling these cases.

David Lisak is a psychologist who, if you're not aware, examined that date rape offender and has suggested that perpetrators of this kind of crime be more thoroughly investigated and that we don't treat these cases as if it's a situation gone bad, a miscommunication or some misunderstanding. I think how police investigate date rape needs to be handled differently than it is currently. The majority, 80% of the victims we see, are assaulted by somebody known to them. So only 20% are represented by the stranger assault, the one that gets the most attention, and the rest are left and handled in a different manner.

Victims need to be able to have access to legal assistance when they need it during the course of the trial when, most often, there are challenges to their own personal histories, credibility etc. The crown is not there to represent the victim, and we understand that, but then it's incumbent on the victim to find their own lawyer to step in, to have a voice at the trial, to represent the interest of the victim. Victims can't pay for it, so they will often want to back out of the process, or have to pay for the lawyer or take whatever the defence is putting onto them without anyone intervening on their behalf, and I don't think that's fair.

My other issue is around the forensic evidence. We collect forensic evidence from victims who come forward. I think all of it needs to be submitted and analyzed

by the Centre of Forensic Sciences and not left to the discretion of the investigator, which they currently do in terms of deciding what needs to be submitted. Often, evidence isn't submitted at all in cases; it's stored at the police units without being analyzed.

If you look at the reports that came out of the US, where all samples that were being stored were analyzed, they found numerous repeat offenders in date rape cases because they found DNA that matched. So when they're looking for DNA, they often perceive that it's a stranger assault who is a serial rapist when in fact it's probably date rape—the guy who goes to the bar every Friday and repeatedly assaults women who are reluctant to come forward. The DNA is never submitted for analysis and we never see if there's a match.

There's a process issue that I have a concern about. No doubt the CFS would say it would completely overwhelm them, but when we have victims who are courageous enough to come forward to seek our assistance, it's mighty discouraging to find out that the kit was actually never even submitted for analysis. How we have set things up in the system is flawed in terms of victims' ability or right to access to justice to hold the offender accountable. They've done their part; I think we need to figure out ours here.

My next point is on accessibility and awareness of service to diverse populations in the province. We need to increase and sustain our outreach to diverse populations to increase awareness of services. I know that in a multicultural city like Toronto, our victim profile is under-represented in comparison to the population that's here. The outreach needs to be provided in a culturally appropriate way in the languages required.

We also need to increase our outreach and awareness of populations that are at particular risk—persons with disabilities, aboriginal people—again, in an appropriate way and in the most appropriate language. This takes time and resources that we haven't been able to have. If we truly want to make our programs accessible to all people in Ontario, we do have to make this investment.

We also need to train our health professionals, then, to make sure that when patients step forward, they have been trained appropriately. We do our best, as we do within our programs as a manager, but there's more to be done if we want to ensure that the person stepping forward is actually receiving the care that they want.

My final point, I guess, is to do with abuse of patients by health professionals. As I just started with, I'm on the task force appointed by the minister. The last time this issue was looked at was in 2000. So 15 years have gone before there has been focused attention on this particular topic. We do talk about victims of violence in general, but I haven't heard about the victim who has been assaulted by a health professional, which is a specific issue.

Again, in general terms of accountability, I hope that there's some sustained ongoing accountability put in place for all these initiatives, that it's not just this task force and then we drop off again until somebody else 15

years from now picks up the initiative; that whatever you're recommending or coming up with has monitoring processes and accountabilities in place in an ongoing way. It warrants time for conversation, then.

The Chair (Ms. Daiene Vernile): Thank you, Ms. Macdonald. Our first question for you is from MPP McMahon.

Ms. Eleanor McMahon: Thank you. There are so many things I want to ask in so little time. I want to ask you about training in a second, if I have time. But I'm interested in your comments about rape kits that aren't being processed. Are they put into evidence somewhere and held for trial in case that happens? Can you talk about that and how we can maybe change that?

Ms. Sheila Macdonald: Well, I understand the rationale. So, again, to put it in context, 20% of sexual assaults are committed by that stranger, that unknown person. The overwhelming majority, the victim has some relationship. It could be the boyfriend, ex-boyfriend, friend. There's something that when the accused is interviewed, he'll say something like, "Oh, no. I don't know what she's complaining about. We had sex. It was a consent issue; there was a misunderstanding." So the samples don't get submitted, because he has acknowledged it.

What happens when you take it to the crown is, the crown says, "We don't have the likely prospect of conviction." That's the threshold for when crowns decide what case goes forward. Perhaps if that sample is actually submitted anyway and analyzed, it might show, "You know what? We see the same DNA profile from other victims who came forward to report date rape as well."

I think where we lose it currently is that we lose the ability to link date rape cases, because the cases don't get submitted. The perception is, "Well, we don't need to. He acknowledged that they were together and had sex." I think that's a limitation. In date rape, the attention is on the victim. This is where the myths come in: "What were you doing? What were you wearing? Why did you go with him?" It becomes less about perpetrator behaviour.

We have to stop looking at the victim to understand what happened in this assault and look at the perpetrator, in terms of their behaviour. I think that is a deficiency, and I think that very clearly came out when they looked at the cases in the US. That's why I think it needs to be done.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from our PC caucus.

Ms. Sylvia Jones: Thank you. I'm going to follow up with what Eleanor just said, because when you said those words, I was flabbergasted. The argument that I keep making about how we have to stop the offenders becomes more challenging if the date rape kits are not actually being assessed and analyzed. Anyway, I'm speechless.

I want to move to the nursing care that is provided, the on-call model that you said is 25 years out of date. You make reference to the fact that these are very highly trained, specialized nurses who are doing this work. In your discussions with the minister, have you made rec-

ommendations on how we can update that model to make sure that those specially trained professionals are available when they're needed?

1700

Ms. Sheila Macdonald: Yes. It's an issue that—and I recognize that every program is going to have to handle it their own way in terms of: Is it financially feasible to have a nurse on-site 24 hours a day if the program sees one patient every four days? Some programs have adapted the model to use the nurse in another setting within the hospital, who gets called away if a patient does present to our program.

I think programs need to look more creatively, but also have the funds available to move to some alternative staffing model aside from the recruitment of on-call nurses. I know from the years of doing this that I can hire six nurses, and within a year, probably three to four have left. We've done the training, we've got them up and running, and then they realize, "I'm on call. I only made \$30 in the last 12 hours." It's very hard to retain nurses for this level of specialization that's required.

I have asked the ministry. Every hospital has to look at their own issue, but the bottom line is, we have to move away from this to a more sustainable model, given the amount of training that we need to do with all the nurses to make sure that they can provide the care that's required.

The Chair (Ms. Daiene Vernile): Thank you. Our final questions for you are from our NDP caucus.

Ms. Catherine Fife: A very great presentation, Sheila. I just want to clarify: You're advocating for a central system around forensic evidence so that there can be cross-referencing for the province? Is that right?

Ms. Sheila Macdonald: I'm advocating that there be more consideration given by the investigator, who really is making the decision around samples to be submitted: What is the rationale or basis to submit or not to submit the samples? If it's truly coming down to—

Ms. Catherine Fife: Subjective.

Ms. Sheila Macdonald: —"he said," it's a consent issue etc., you don't know where else the DNA will be found if it's never, in fact, analyzed at all.

Ms. Catherine Fife: That's a really important piece of information for this committee to hear.

The other point from your presentation: I think you're also advocating for protecting or enveloping funding for the emergency room nursing program, because obviously, hospital budgets are being squeezed, and you're right: There's some creative accounting that happens. Is that a fair summation of what you were proposing?

Ms. Sheila Macdonald: We developed, in Ontario, standards of care that I believe have also been submitted to you, but I will email them subsequent to this in case you don't have them. We put out standards. We didn't want to say, "Keep it at X dollar level." What we said was that we need to be able to meet our own standards, which we developed across emergency service, follow-up care, counselling service and outreach.

What we've said is that we need to meet our own standard. It's posted on our website. It's part of our accountability to our own patients and communities that anyone can go look and say, "We expected to have this level of service when we went to the emergency department." I'm not advocating to restrict us to a certain limit; I'm advocating that the hospitals need to ensure that we are able to meet our standard of care, handling it that way.

Ms. Catherine Fife: So that the standards of care are resourced and not taken away from your own standards.

Ms. Sheila Macdonald: Right. We want to make sure that when patients show up, we are meeting the mandate put to us by the minister, by the Ministry of Health and by the expectations of the Premier.

Ms. Catherine Fife: Thank you very much, Sheila.

The Chair (Ms. Daiene Vernile): Ms. Macdonald, thank you very much for appearing before this committee and providing the information that you did. I would invite you now, if you wish to, to sit in our audience.

YWCA CANADA

The Chair (Ms. Daiene Vernile): I'll call on our next presenter, from YWCA Canada. Please come forward. Have a seat. Make yourself comfortable wherever you like. You see one microphone has a red light on: That's the one you want to sit in front of.

You're going to have 15 minutes to address our committee, and that will be followed by questions. Please begin by stating your name.

Ms. Ann Decter: My name is Ann Decter.

The Chair (Ms. Daiene Vernile): Begin any time.

Ms. Ann Decter: Thank you. Good afternoon and thank you for the invitation to appear before the select committee. As I said, I am Ann Decter. I am the director of advocacy and public policy at YWCA Canada, which is the country's oldest and largest women's multi-service association and the largest single provider of shelter to women facing violence. We have 12 member associations in Ontario, including YWCA Toronto, who will present to the committee at a later date.

Ending violence against women is a priority for our work at YWCA Canada, and we'd like to commend the Ontario government for its recent activism on the issue, including:

- the establishment of the Roundtable on Violence Against Women;

- the new It's Never Okay: An Action Plan on Sexual Violence and Harassment, and the accompanying financial investment;

- the public service advertisement Who Will You Help? and parallel social media campaign; and

- the revisions to the Ontario school curriculum related to sexual health, healthy sexuality, consent and safety.

The revised high school curriculum is very clear on consent: "When making decisions about sexual activity,

both people need to say yes. Silence does not mean yes; only yes means yes....

"It is illegal to have sexual contact with someone who has not consented or who is unconscious or too impaired to give voluntary consent."

This is the articulation of a consent culture, and it is the law in Canada. Only yes means yes. Sex with someone who has not consented is illegal and punishable by law. Someone who is unconscious or impaired cannot give consent. That is the law, but it is not yet the culture.

According to published research, there are convictions in only 0.3% of sexual assaults in Canada; 99.7% of sexual assaults do not result in legal sanctions by the criminal justice system. Clearly, there is a problem.

The term "rape culture" is an accurate descriptor of this statistic and the massive gap it points to between the rate of occurrence of the offence and the rate of conviction of offenders. With only 3.3% of sexual assaults reported to police, we can say that women do not see the police and court systems as a desirable response. The broad movement we are seeking and perhaps beginning to see is from a rape culture to a consent culture. This points to the mandate of this committee to consider ways to shift social norms and other barriers which prevent people who have experienced sexual violence and harassment from coming forward.

We also need to shift the social normalcy of sexual assault itself: 460,000 is a big number, and it needs to be reduced.

Interestingly, YWCA Canada developed an infographic, which we've circulated to you, in 2013 from University of Ottawa criminologist Holly Johnson's analysis of Statistics Canada data. We released it during our 2013 Rose Campaign to end violence, which happens every year, to modest notice. But on Tuesday, October 28, 2014, as the Ghomeshi sexual assault allegations narrative moved from complete denial to doubting women for not reporting, we reposted this infographic on social media to show that not reporting sexual assault was the norm in our society. It was used on the national TV news on several networks and went viral. We noted the inclusion of these statistics in It's Never Okay.

So how can we shift social norms? What needs to change? Information, policy, social expectations, education, the police and court systems.

Education is part of the equation, and the curriculum revisions are strong. A consent culture is essentially a culture of respect for others, and children can learn to respect others and to ask before touching at a very young age. We need to shift the stigma in sexual assault so that it falls on the rapist attacker instead of on the person, most often a girl or woman, who has been assaulted.

When Rinelle Harper was brutally attacked and sexually assaulted in Winnipeg last year, her parents agreed to release her name to support the police investigation. That a teenage girl had been sexually assaulted and that her name was Rinelle Harper was public information. There was no questioning that an assault took place and no public placing of blame for that assault

on Ms. Harper. The blame fell on the attacker, where it belongs. Ms. Harper is now an advocate for ending violence against indigenous women.

While we respect the practice of maintaining privacy for sexual assault survivors who choose it, Rinelle Harper's case may indicate that shame tends to attach to things that are kept secret.

Perhaps times have changed. For example, advocate Glen Canning battled to have the court and media use his daughter Rehtaeh Parson's name during the trials of those accused of creating child pornography from her assault. To be clear, it is not shameful to have been sexually assaulted, any more than it is shameful to have had your car stolen or your house robbed. It is shameful to sexual assault someone, and we need a culture that fully recognizes this.

It is questionable whether a criminal offence that gives rise to criminal conviction for only three in every 1,000 incidents is really considered a crime. If sexual assault is really a crime in this province, we need to remove the barriers to reporting it.

1710

Last fall, after allegations of sexual assault by CBC radio host Jian Ghomeshi were reported in the media, Toronto Chief of Police Bill Blair issued a public invitation: "Any person who has been the victim of a sexual assault, I want to encourage them to come forward and report, give us an opportunity to conduct an investigation and gather the evidence.

"We are quite prepared to conduct a criminal investigation should they come forward with complaints." And women did come forward.

Chief Blair's statement indicated that women who contacted police would be taken seriously. This is a message that should be delivered by the police services to every sexual assault survivor. This is the stance police need to take toward the public at all times. It needs to apply in all cases, not just high-profile ones.

All cases need to include women engaged in exchanging sexual services for money, shelter or basic means of survival. In our nationally adopted policy on prostitution, sex work and women's safety, YWCA Canada calls on government at all levels to ensure effective police and justice system responses to violence against and disappearances of all women, including women engaged in sex work or prostitution.

In cases of sexual assault, it appears that the presumption of innocence operates within the police system. With other crimes, it operates only within the court system. We need to remove the presumption of innocence from the police system in sexual assault cases, and confine it to the court system where it belongs. How do we do that? Policy, mandatory training, leadership and enforcement.

Prosecution: Do we need to change the justice system in order to actually sanction sexual violence? Do we need a separate court to try sexual assault cases, where all actors are well-versed in the law of consent and rape shield provisions? This is a radical suggestion, but so is

the notion of ending sexual violence. Is this a crime unlike any other? How does an adversarial justice system deal with a crime commonly described as "Coming down to 'he said, she said'" in a society that, although in the process of change, is still patriarchal? And by that I mean male privilege still exists.

Mr. Ghomeshi's case provided a quick example of male privilege. As the allegations against him became public, he filed a \$55-million lawsuit against the CBC, alleging misuse of personal and confidential information, a lawsuit he later dropped and for which he agreed to pay costs. Rather than criminal charges, his expectation was that his employer owed him damages.

Male privilege can also be seen to be operating in media discourses that bemoan the conviction of young men on sexual assault charges as ruining their lives rather than assigning them responsibility for their criminal actions—again, rape culture, not consent culture.

The abysmal number of convictions for sexual assault raises the need for a thorough public discussion of prosecution in these cases that is not circumscribed by reference to the rights of the accused. As noted, for women who have been sexually assaulted, the police and court systems are not a desired response.

If there are 460,000 sexual assaults annually in Canada, we can expect that there are about 180,000 occurring in Ontario. We need to not only support those who have experienced sexual violence, we need to prevent it. YWCA Canada's award-winning Safety Siren smart phone app—you have a card on that as well—is a free downloadable application for iPhones, BlackBerrys and Androids that:

- sends an emergency email to a pre-set SOS contact with approximate geolocation coordinates and places an emergency outgoing call to a preprogrammed number;

- geolocates the user to nearby sexual assault centres, emergency hotlines, health centres and clinics; and

- offers a wide range of facts and information on women's health and wellness and contains a library of women's health resources.

Motivating bystanders to action, as in *Who Will You Help*, is an effective strategy. Last fall, YWCA Canada launched a similar initiative, #NOTokay—we also have a website; you've got a card on that as well—intended to move the general public to act on violence against women in their daily lives and in the media. We wanted to make it easier for people to act when they feel something is not okay, and say it's not okay, starting online, and then moving to daily life, because to change rape culture to consent culture we need the kind of societal shift in attitude that has happened with drinking and driving, and smoking in public places. Long-term public awareness campaigns were essential to making those changes. In social situations, men—and young men in particular—will have to be able to say to their peers, "That's not okay, and it's never okay."

Enforcement is expensive, laborious, and unwieldy. The law is often a very blunt instrument and, in the area of sexual violence, clearly an inadequate one. Access to

justice is restricted, often financially. A citizen who has to constantly litigate to enforce her rights is not a citizen whose rights are realized. We need a society where everyone expects women to exercise their rights and freedoms, and acts accordingly. We need a body politic with the expectation that women will have equality, security of the person and charter freedoms. We need to evolve into a consent culture. Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first question for you is from our PC caucus.

Ms. Sylvia Jones: A real quick question.

Ms. Ann Decter: Sure.

Ms. Sylvia Jones: Your Safety Siren promo: How are you distributing that?

Ms. Ann Decter: You can download it free—depending on the provider—from the iTunes store for the iPhone, and the BlackBerry store and Android.

Ms. Sylvia Jones: Province-wide?

Ms. Ann Decter: Yes, it's national. We're national, so everything is national.

Ms. Sylvia Jones: Can you make it available to every student who is going to a post-secondary institution?

Ms. Ann Decter: We are really trying to. We're working on a partnership with the Canadian Teachers' Federation to get them to promote it through the schools. It's free. The downloads are over 15,000 now.

Ms. Sylvia Jones: Thank you. Great presentation.

Ms. Ann Decter: You're welcome.

Ms. Laurie Scott: I'll ask a quick question. Thank you. My local YWCA is in Peterborough, but it serves my riding of Haliburton-Kawartha Lakes-Brock. I've met with them often. I think they're coming to Kingston.

Great presentation. Can you provide in a little bit more detail—the court system doesn't work; we've heard it continuously—what you would recommend as a process, so that more victims feel comfortable? Is it a totally separate process? Are the crown attorneys different—

Ms. Ann Decter: I'm not totally sure that it is, but I think it's really important to be open to looking at that, right? We have protections that have evolved through the court system for the rights of the accused. But the court system has evolved essentially under the same society, so perhaps they will never be able to solve sexual violence and sexual assault. Perhaps the changes that are going on now—the recommendations in It's Never Okay look very good—perhaps they will start to shift it.

But if it's truly a consent culture, then, it seems to me, the burden of proof shifts, and the accused has to prove that he had consent, which is really not what's going on in the courts. The question is, how can you get there? I don't have the answer, but I hope your round table does.

Ms. Laurie Scott: That's good.

The Chair (Ms. Daiene Vernile): Our next question for you is from our NDP caucus.

Mr. Taras Natyshak: Thank you, Ann. Thanks for the work that you do. This is really interesting. We travelled to the north several weeks ago, and one of the questions was about access to resources and access to

information, the knowledge of the resources that were around you.

I just downloaded the app. I'm learning it right now. I will show it to my daughter, for her awareness, and we'll get to learn it.

Ms. Ann Decter: Please, yes.

Mr. Taras Natyshak: I'm wondering if you are providing any outreach to rural and northern communities, and what the catchment would be for this type of service. You've already developed it.

Ms. Ann Decter: Yes.

Mr. Taras Natyshak: I would imagine that the YWCA would be very amenable to sharing it with other organizations that aren't definitely associated.

Ms. Ann Decter: Absolutely.

Mr. Taras Natyshak: Can you just tell us how you can promote this, how we can promote it? What can we do? It seems pretty great.

Ms. Ann Decter: We have the cards. It's online; you can share the link. We could send everybody an email that promotes it, and you could just send that out to anybody that you want to.

Ms. Sylvia Jones: Tweet.

Ms. Ann Decter: Yes, okay. We will send the committee the link—

Mr. Taras Natyshak: But specifically—sorry, Ann—there's a real need for information and access in remote and rural northern Ontario. Have you made any strides toward pushing the resources out there that may be developed in urban areas but are easily accessible over the Internet—things that are developed here? Have you made those connections, and would you or could you—

Ms. Ann Decter: We have one member association in northern Ontario, in Sudbury.

Mr. Taras Natyshak: In Sudbury. That's not northern Ontario—

Ms. Ann Decter: No, it's not very far in northern Ontario.

Mr. Taras Natyshak: —as we learned when we went to Sioux Lookout, right? We know that now. Yes, that's southern Ontario.

Mrs. Marie-France Lalonde: We were told.

Mr. Taras Natyshak: Yes.

Ms. Ann Decter: I would be able to check the work that they have done. But unfortunately, we don't have member associations in the smaller communities. Sudbury is really as far as we've gone. But if you have any suggestions, we'd be happy to follow up.

Mr. Taras Natyshak: Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you. Our final question for you is from our Liberal caucus.

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Ms. Harinder Malhi: Thank you so much for your presentation. What do you think some of the root causes around sexual assault are?

Ms. Ann Decter: I would follow the analysis that it's essentially a power situation. The root solution is more gender equality, but I think there are also—I think it's a lot within the cycles of abuse that people experience, so

abuse, power; it's a continuum with other kinds of abuse, often. Then they also have pathologies sometimes.

Mrs. Marie-France Lalonde: I have a question. I know you didn't seem to know some answers, but you're talking about the culture, the rape culture. Can you give this committee ideas of how we can change from a rape culture to bringing that other approach where the victims are not victimized by the system?

Ms. Ann Decter: Well, I think one of the things that promotes the idea of rape culture is this really low conviction rate and the sense that—something like that Rolling Stone article that just happened, where somebody investigated and somehow proved that this woman had made false allegations. So there's an idea extant in this society that most charges against men for rape are false, when really, I think the truth is that they're very hard to prosecute and there's very little success in prosecuting them.

I think in a sense that's the root of the disbelief, and I think you really need to push on the rape shield laws. There shouldn't be any questioning of a woman's past behaviour. And it lies in only "yes means yes" and a really strict, solid interpretation of that, beginning with that education of children when they are young.

Mrs. Marie-France Lalonde: Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you, Ms. Decter, for appearing before this committee and sharing your insights with us.

Ms. Ann Decter: My pleasure.

The Chair (Ms. Daiene Vernile): You may join our audience, if you wish to do so.

ELEMENTARY TEACHERS' FEDERATION OF ONTARIO

The Chair (Ms. Daiene Vernile): I will call on our final presenter for today with the Elementary Teachers' Federation of Ontario.

Committee members, we have a change in name on our list. I'm going to ask you if you could please introduce yourself and begin anytime.

Ms. Susan Swackhammer: Thank you. My name is Susan Swackhammer and I'm the first vice-president of the Elementary Teachers' Federation of Ontario. ETFO represents 76,000 teachers and education workers working in Ontario's public elementary schools. We appreciate the opportunity to be here today to present to the select committee.

Today, we have a short presentation, and we will forward to the committee a written submission within the next few days. We knew we were last on the list and the only thing standing between you and dinner, so we've tried to—

Ms. Laurie Scott: Bless you.

Ms. Susan Swackhammer: We knew you'd appreciate it. It's a heavy topic.

ETFO applauds the government in moving forward with It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment. The first television ad that launched the plan was excellent.

As educators, we're always looking for improvement, so we urge the government not to stop after one effective ad. A profound change in public attitude is needed. We urge the government to keep going and to implement a sustained multimedia plan to raise awareness and educate the public about this important issue.

The federation always welcomes the intention to include sexual harassment in the Occupational Health and Safety Act. We worry, however, that the action plan initiatives will share the problems of many earlier attempts to address these issues, specifically inadequate and/or transitory resources, education, training and enforcement. To succeed, the government's plan will require significant and ongoing funding and resources, legislative change and new levels of commitment in communities, campuses, workplaces and government.

ETFO members have direct contact with violence against women. Our members often work with children and families affected by violence against women. Over 80% of our members are women, so many have personal or family experience of woman abuse. We recognize that males can also be victims of violence and harassment, but the vast majority of victims are women and children.

Nobody explicitly condones violence against women, but the lack of effective prevention and enforcement mechanisms at all levels and in all spheres of our community amounts to a shrugging acceptance of rape culture.

ETFO is an activist organization on issues relating to sexual violence and harassment. Since the 1970s we have been addressing sex stereotyping and violence against women, and in recent years we have produced curriculum resources on healthy and equal relationships and provided workshops for our members on women abuse and its effect on children. This work has been done in partnership with Education Wife Assault and, on occasion, the Ontario Women's Directorate.

We value these partnerships and would welcome continued involvement and inclusion through the proposed round table. I understand you've had one meeting already, and we haven't been there, but violence against women needs to hear the perspective of the education sector and of front-line educators in particular.

The government can do more to support classroom teachers and other educators to address issues relating to sexual violence and harassment. The updated health and physical education curriculum for elementary and secondary students includes some important content to promote healthy relationships. Relying on the updated curriculum to achieve generational change, however, is an inadequate strategy. Educators need resources and training so that they can include learning about healthy and equal relationships in a variety of subject areas to ensure that the learning is integrated more coherently across the curriculum.

The Ontario Women's Directorate funded a couple of ETFO resources for teachers that support this work. We've brought you a copy today to leave with the committee. The first one is a resource for teachers and it includes lesson plans for grades 1 to 8—it's about the roots of equality—and a workshop, Women Abuse

Affects Our Children. In both cases there are workshops for teachers that go along with these documents, so they can't just have the book and do nothing; they have to come to workshops and understand.

In this particular one, it starts with family and it works all the way up through the media so that children learn from a very early age the importance of equal relationships and respectful relationships. We're hoping that by dealing with children we can produce future generations of adults who get it.

Sexual harassment in the workplace is both a human rights issue and a workplace health and safety issue. There are a number of positive elements in the government's plan, but there are specific actions that need to be taken for the plan to be effective and meet its objectives.

The government's plan to include sexual harassment in the Occupational Health and Safety Act is an excellent opportunity to strengthen existing requirements that address workplace harassment. At present, a Ministry of Labour inspector cannot investigate, resolve or mediate individual cases of workplace harassment. The ministry inspector cannot order an employer to deal with an individual case of workplace harassment. The act establishes that the employer, the supervisor and the worker have general duties with respect to violence, but it fails to establish the certainty for harassment. Each of these limitations has the effect of understating the seriousness of harassment as a workplace hazard. To strengthen current provisions for harassment and to provide adequate protections against sexual harassment, the action plan's proposed legislative changes under the act must be enforceable.

The government's action plan would establish a special enforcement team of Ministry of Labour inspectors to address complaints of workplace harassment, including sexual harassment. In addition, all Ministry of Labour inspectors should receive specific training about harassment, including sexual harassment, in order to better assist employers, protect workers and enforce the act during their regular duties.

The action plan proposes to establish a new code of practice and to provide educational materials about harassment, including sexual harassment, to assist employers with legal compliance. Our written submission provides some examples of resources that are pertinent to addressing the issue.

It would be prudent for the government to engage in consultation with workplace parties during the development of the code of practice and the creation of educational materials for employers. Workplace violence and harassment are leading hazards for ETFO educators. Workplace violence and harassment can have a significant negative impact on the teaching and learning environment, causing psychological and physical injuries to both staff and students.

It has been five years since Bill 168 came into force under the Occupational Health and Safety Act with specific requirements for workplace violence, including domestic violence and workplace harassment. There has been no reduction in the severity and frequency of work-

place violence and harassment incidents in our schools. It is clear that legislative change alone is no guarantee that school communities will become safer and healthier places to learn and to work. Principals and staff need ongoing training and supports to understand and engage their legislative roles and responsibilities for workplace violence, including domestic violence and harassment.

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It is time for a major shift in the leadership priorities of school boards and the enforcement actions of the Ministry of Labour regarding the prevention and control of workplace violence and harassment. ETFO remains concerned that the introduction of sexual harassment as a specific requirement under the Occupational Health and Safety Act will be another empty promise.

In conclusion, ETFO commends the government for introducing its action plan to address sexual violence and harassment. We urge the government to commit adequate resources and oversight to ensure that the plan actually meets its full potential in terms of raising public awareness and preventing violence and harassment in the workplace and in society at large.

Our specific recommendations are outlined in our written submission, and they identify the areas we believe receive insufficient focus in the action plan. Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first questions for you are from our NDP caucus.

Mr. Taras Natyshak: Thank you very much, Chair. Thank you, Susan, for your submission and the work that you've done through the Elementary Teachers' Federation of Ontario.

I simply have a comment that within the context of this committee we are looking for recurring themes, and the one that you had highlighted around the role of the Ministry of Labour and the inspectors and the enhanced responsibility training and duties that they can have and should have falls very much under their purview. They have the legislative authority to enforce the provisions. That's something that we've heard before, and it clearly identifies a gap and a role that can be played through the MOL.

I want to thank you for your testimony. I look forward to reviewing your written testimony, your written submission. I'm sure there will be a lot more that we can draw out of that that should make a large component of our final draft and final recommendations to the Legislature. So thank you very much for appearing.

Ms. Susan Swackhammer: Thank you.

The Chair (Ms. Daiene Vernile): Our next question for you is from our Liberal caucus. MPP Dong.

Mr. Han Dong: Thank you, Madam Chair. Susan, thank you very much for the presentation.

You mentioned workplace violence and harassment. What I'm interested in is: What happens to the victim after such an event has occurred? Up until this point we have heard a lot about prevention. We've heard a lot about support and services. But I want to know what happens to the victim, because I have a hypothesis.

Usually when these events happen, it creates a disturbance to the victim's life. They have to maybe relocate. They have to find another place to work. Just a lot of these things will happen to that person, and maybe that is one of the reasons why that deters them from coming forward. So I want to hear from you, in your experience, what happens to victims.

Ms. Susan Swackhammer: Yes. As a teacher teaching children, it's very interesting to witness children. One of the things that this workshop does is to teach our members to recognize—because the behaviour manifests itself in a whole lot of ways. Children just don't normally walk into a classroom and say, "This has happened to me," or, "I was raped by my brother's friend last night." We're trying to understand behaviours that cause children to respond, often with learning difficulties and unco-operative behaviour.

The first thing is about recognizing and identifying, and then the school system is woefully underfunded with guidance counsellors and school psychologists. The kinds of supports that used to exist decades ago aren't there anymore. So you put a child's name on a list, and they could be waiting upwards of a couple of years for somebody. If the family has enough money to jump over lines and go to another community—but for the most part, that's not happening.

In terms of our own members, this is also an issue, because society looks to blame the victim. Often our members don't want to come forward with the issues, too, because, "He was just kidding," or, "His rubbing your back is just a way of saying you're doing a good job." But when this person happens to be a person who supervises you, and you want to say no, it's more difficult. You're a young teacher, a first- or second-year teacher, and you're in this relationship where this is happening to you. That manifests itself in a whole lot of ways too.

So there is lots of work to do. We just heard a police officer, York University, just a couple of years ago, where she was raped because—"What was she wearing? What were her clothes?"

We have to start with children in kindergarten. We have to change the culture of what people think is suitable and appropriate behaviour for everybody, and there's a ton of work left to be done.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you are from our PC caucus.

Ms. Sylvia Jones: Thank you. I know that in my own community, children who are the ancillary victims of domestic assault primarily are often placed in new schools. Do your members currently get any resources or training to assist in that integration?

Ms. Susan Swackhammer: No; very few. You're absolutely right; in the areas where the sexual assault centres are or where the women's shelters are located, those schools often have children who are transitory. They're in crisis. They're not stable environments. If you

teach in a school in neighbourhoods where children start in kindergarten and go all the way through to the end and everybody knows the families—in these schools, these kids come and go. They only get to stay for so long, and then they're off to who knows where, and they'll be back again at another time. We are woefully underserved for children's mental health in this province—woefully.

Ms. Sylvia Jones: I'm well aware of that.

The Chair (Ms. Daiene Vernile): Thank you very much. Thank you for appearing before this committee.

Members, I have some business I need to share with you. Do you have something you want to ask of our researchers?

Ms. Sylvia Jones: Yes, a couple of research questions. I think I know the answer to this but I would appreciate an overview of the difference between the Ontario Network of Victim Service Providers and the Ontario Network of Sexual Assault/Domestic Violence Care Centres. I thought they were both excellent presentations. I'm trying to figure out how their roles change.

My second thing is related to—I'm sorry; I'm not a member of the subcommittee so I'm not familiar with who has already said they would like to appear, but I know from my work in a different select committee that individuals with a developmental disability have a much higher percentage of assault. I'm wondering, if we don't have people who are presenting representing that population, if Carrie could provide the Clerk with some suggestions, because there are lots of them out there and they raised it in our previous select committee, so I know they have some insight.

The Chair (Ms. Daiene Vernile): Our Clerk will be familiar with who we are going to be hearing from in the near future. We're asking about those involved with developmental disabilities. He will check to see who has signed up.

Members, before you run off, I just have some dates I want to give you. Our next hearings are going to take place on Wednesday, May 9—pardon me?

Interjection.

The Chair (Ms. Daiene Vernile): May 6, at 9 a.m. and 3:30, and then on Monday, May 11, from 2 until 6, and then Wednesday, May 13, from 9 a.m. and then again at 3:30 p.m.

One more comment for you: We are currently oversubscribed in Kitchener-Waterloo and Ottawa. We have a suggestion that if we change to 20-minute presentations rather than half-hour presentations in those locations, we will be able to accommodate everyone. What are your thoughts on KW and Ottawa going to 20 minutes rather than a half hour? Yes, MPP Natyshak?

Mr. Taras Natyshak: I support that, Chair.

The Chair (Ms. Daiene Vernile): Okay. Are we all in support? Okay.

Our legislative researcher has asked if we can speak very quickly in camera. So I will say that that concludes our hearings today, and we'll see you next week.

The committee continued in closed session at 1740.

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

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Also taking part / Autres participants et participantes

Mr. Norm Miller (Parry Sound-Muskoka PC)

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Ms. Carrie Hull, research officer,
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Mercredi 6 mai 2015

Select Committee on Sexual Violence and Harassment

Strategy on sexual violence
and harassment

Comité spécial de la violence et du harcèlement à caractère sexuel

Stratégie de lutte contre
la violence et le harcèlement
à caractère sexuel



Chair: Daiene Vernile
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

COMITÉ SPÉCIAL DE LA VIOLENCE ET DU HARCÈLEMENT À CARACTÈRE SEXUEL

Wednesday 6 May 2015

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The committee met at 0900 in committee room 1.

STRATEGY ON SEXUAL VIOLENCE AND HARASSMENT

The Chair (Ms. Daiene Vernile): Good morning, everyone. The Select Committee on Sexual Violence and Harassment will now come to order.

I would like to welcome all of our presenters and our guests who are with us here today. Let me share with you very quickly the mandate of this committee. We're here to listen to the experiences of survivors, front-line workers, advocates and experts on the issue of sexual violence and harassment. You will inform us on how to shift social norms and barriers that are preventing people from coming forward to report abuses.

However, I do want to stress that we do not have the power or the authority to investigate individual cases. That is better left to the legal authorities.

We welcome you and thank you for adding your voice to this important issue.

FATHERS ARE CAPABLE TOO

The Chair (Ms. Daiene Vernile): Our first guest this morning is Brian Jenkins. You will now have 15 minutes to speak to our committee and they will then ask you some questions. Start by stating your name and begin any time.

Mr. Brian Jenkins: My name is Brian Jenkins. I'm representing Fathers Are Capable Too parenting association. Fathers Are Capable Too is an Ontario non-profit corporation run by a board elected from the membership. We are a self-help, all-voluntary group of men and women. Our emphasis is on protecting children, particularly from the unnecessary loss of a parent during a relationship breakdown.

We have taken a look at the current practices in Ontario and we do think that the way things are going is quite damaging to the health of our children and is not allowing our children the protection that they need. There are some other issues, too, which I will bring up a little bit in my talking.

I do apologize. My background is as a statistician. Statistics is everybody's favourite topic first thing in the morning, but you're about to get some, I'm sorry.

One of the things with sexual violence is a need to define what it is that we're talking about. That's more of an issue in sexual violence than in anything else. Somebody would consider anybody who was walking down the street sticking their hands down people's pants and grabbing their genitals as a sexual assault. But in the case of Michelle Lawes in Toronto, Ontario, she did this to men, and robbed them at the same time, and the Toronto police decided that wasn't a sexual assault. In fact, they decided it wasn't an assault; they instead decided it was a distraction. So we have cases of what should be, to most normal people, a fairly common definition of sexual assault, but something that happened is just brushed off and ignored in some cases. It's really important to have a good definition if you're going to move forward on things like this.

Statutory rape is another one. The one that, of course, comes to mind on that is the teacher, Heather Ingram, from BC, who was convicted of statutory rape and sentenced to house arrest, where she lived with her victim. I believe she is still living with him, although he is now an adult. So how we handle statutory rapes and things like that in this country varies very much, and if we're going to set standards then we should be setting real standards that apply to everybody.

We have an interesting situation as well in Ontario because it's assumed that sexual assault is just a crime against women. It is a crime against both genders, and whatever recommendations this committee has should actually be focused on looking after both genders.

Hanna Rosin in Slate wrote that the normal US statistics from the national criminal survey there are that around 15% of all sexual assault victims are male. Apparently in 2013 that bumped up to 38% and nobody quite knows why.

There is an excellent Canadian resource, called *The Invisible Boy: Revisioning the Victimization of Male Children and Teens* by Fred Mathews, that was published by Health Canada in 1996. I'd strongly recommend it for anybody who's taking a look at dealing with the laws to take a look at this federal government publication, because it is quite important. It is still available from Health Canada. It is available on Amazon, if you want to buy it from Amazon. I do have copies if anybody would like copies. I didn't think bringing everybody a 60-page book was a really good idea, unless they wanted it. It

does a great survey of the nature of the beast in Canada for everybody, and then does tend to focus on boys.

The general male population in Canada: According to those statistics, around 14% of all men have been victims of sexual abuse.

Other subgroups of people are higher than that; certain criminals are higher. If you look at page 17, they give those. As a percentage of actual sexual abuse victims and not just of males, it's a little bit higher than the 14%. They have a list of those on page 18, if you're interested.

It is a problem for both men and women, both adults and children. We have issues on that. One of the things that is often brought up is supposedly the differences in reporting. I'd refer back to a paper by John Archer, published in *Aggression and Violent Behavior*, volume 7, called "Sex Differences in Physically Aggressive Acts Between Heterosexual Partners: A Meta-Analytic Review."

This one interviewed the men and—actually, they interviewed both partners. In his study on less violent forms of violence, and not just sexual violence, the men tended to under-report their violence relative to what their female partner said. But on the more severe forms of violence—choking; threatening with a knife or gun; sexual violence—they tended to report just about the same levels as the women did. So there's not really a big difference in the reporting for men and women for those sorts of crimes—or admitting, at least in private, what happened.

Again, coming back to the police, though, the police do not recognize everything, and edit it, so using police statistics is very misleading. The last time there was a total compilation of victimization rates and police rates was in the 2000 StatsCan survey on family violence. If you read that through, table 2.10 shows that there were about 690,000 female victims of physical violence and 549,000 male victims—so, roughly the same.

Of the female victims, 37% had the crimes reported to the police—about 256,000, according to them. Only 15% of male victims—considerably less than half—had police reports. Of the reports to the police, for women, about 80% of the time, the violence is reported by the victim and 22% of the time by others. Males only reported themselves 50% of the time. The other 50% were reported by other people: family members or witnesses to what was going on. So we do see from StatsCan, from the victimization, that there are about 3.12 times more female reports to police about women victims than about men.

We then take a look at StatsCan—as I said, don't forget, I'm a statistician, so I tend to look at these things. The next table is about police reports. The police reports are a little different, because they use a different population, so you can't compare the numbers straight off. You have to be a little sneaky, as a statistician, to make it on a comparable basis.

In a police report, the police will listen to you. They'll actually open a file, write down the number and give it a case number, and then it's a police report. Just going and talking to them doesn't make it a police report.

Police indicate that in that year, there were 23,502 reports for female victims but only 3,598 reports for males. Given that there were 23,502 reports for female victims, and that 3.12 ratio for what the victims said were reported to the police, we'd expect around 7,300 reports for males, and it was less than half that. So somewhere along the line with the police, it's being edited down to be something less than that.

There is a fairly famous quote from a blogger in the US by the name of Chelsea Cristene, whose comment was that when women go and report sexual violence to the police, they tell them to wear less revealing clothes and not walk at night. When men go and report sexual violence to the police, they tell them it didn't happen. The police tell the men that it wasn't sexual violence; it did not happen.

We have to do something about having a mandated thing for actually tracking sexual violence rather than editing it in our bureaucratic system. I think that's an important thing that any legislation has to take a look at.

However, with respect to reporting, there's always the chance that things aren't reported correctly, that there are false accusations made. Certainly, in the areas of divorce, we see a number of things with that.

0910

The only study that I know of that really covered that was one called "False Rape Allegations," which was done by Dr. Eugene Kanin of Purdue University, published in the *Archives of Sexual Behaviour*, volume 21, number 1. This studied rape—and by "rape" I mean penetration—and it was basically of adult females by adult males in a small Midwestern US town. What they did—not because of prosecution, not because of feelings of guilt—is, they took a look at the voluntary withdrawals of charges over the course of two years after the allegations were made. They considered those as being unfounded, and 41% of the rape claims were classed as unfounded. The women gave a variety of reasons why the claims are made, which are documented in the paper.

There's another paper that's a little more recent called "Pathways to False Allegations of Sexual Harassment," by William O'Donohue and Adrian Bowers of the University of Nevada. That was published in the *Journal of Investigative Psychology and Offender Profiling*, volume 3; that's from 2006. They identified 14 pathways, as they call them, to people making false accusations. They tended to be very serious things: borderline personality disorder, histrionic personality disorder, psychosis, gender prejudice, substance abuse, dementia, false memories, false interpretations, biased interviews, sociopathy, other personality disorders that weren't the other ones mentioned, investigative mistakes and mistakes in determination of degree. These are serious, and unfortunately not that uncommon, problems and clearly things that should be taken into account when allegations are made.

The problem that we have is that the falsely accused in our society are treated exactly the same as the guilty. They may not end up in jail, but just a finding of innocence doesn't do anything. These people still have pro-

fessional and personal disruption, job loss, broken life relationships and extremely high rates of suicide. They need protection too, because they were victims of another crime, and I think that has to be taken into account with anything that happens here. Multiple punishments are not necessarily the way to do it; it is protection.

There is a quote on enforcement, which I hope this committee doesn't end up with. This is from an Ontario Superior Court judge, quoted on July 27, 2008, in courtroom 37 of the Ottawa Courthouse: "Luckily in Canada, we don't need evidence to have a man charged with domestic violence." That's from a judge, and I would hope that we put in a policy that's better than that in Ontario for anything else.

Let me just focus back on the kids. We talked about false accusations and the problems with adults, but let's take a look at the kids, what the kids are being told and what the reality is. Going back to *The Invisible Boy*, Fred Matthews quotes a number of statistics in that. Ramsey-Klawnsnik says that of sexually abused males, 30% of the time, the perpetrator is an adult female, and 19% of the time, it's a teenage female. Kaufman et al. say that of those female perpetrators, 8% are teachers and 23% are babysitters. In the victimization surveys, the ones where people report what the victimization is, men typically report that 60% of the time, it's a female perpetrator.

Why this is important: O'Brien did a study of young male victims of female sexual abuse who then became sexual abusers; they almost exclusively choose female victims. Their victimization is carrying over into another generation if you let these sorts of things go, and that's not a good thing for anybody else.

Karen Weiss of West Virginia University has a paper called "Male Sexual Victimization: Examining Men's Experiences of Rape and Sexual Assault," published in *Men and Masculinities*, volume 12, number 3; that was from 2010. She did a survey of the US National Crime Victimization Survey, and it shows that 45% of abusers of males—teenagers and adults—were women. Just because people talk about it within that survey: It showed that 90% of men and women actually resisted the sexual assault, so it was very comparable numbers for resistance, as well.

The Chair (Ms. Daiene Vernile): Mr. Jenkins, you have one minute left.

Mr. Brian Jenkins: Thank you.

So what are we telling our kids? First of all, untruthful stereotyping by gender or by sex is harassment in its own right, and it's not helping anybody. It's like applying the concept of original sin to boys.

Boys are not so much the problem as ignorance and intolerance is. Telling the children untruths about the perpetrators and where these things are coming from and who's doing it stops them from recognizing the abuse or protecting themselves in those situations. I think that is really a serious problem, if we don't do these sorts of things that are balanced.

As well, if you tell all boys that they're these sorts of things, you're actually creating a normative behaviour—

this is what people are supposed to behave like—and that's not true. Let's face it, if we saw an aging rock star shove his tongue down a woman's throat on a stage in front of tens of thousands of people, we would say something. When Madonna did it to Drake, it was very silent. We have to let our kids know that that type of behaviour is not right, and we have to protect our kids from those types of behaviour.

The Chair (Ms. Daiene Vernile): Thank you, Mr. Jenkins. Our first questions for you are going to be from our PC caucus. Members, I just want to remind you that with our new shorter format, we have a total of five minutes for all three caucuses to ask their questions, so I would encourage you all to be very concise with your questions. Please begin.

Ms. Laurie Scott: Thank you very much for appearing here today. I just want to say that this is the first time we've met in May. This is Sexual Assault Prevention Month. I just wanted to put that on the record.

I didn't know if you had something else you wanted to add, or I can ask a question. What do you prefer, because I only have about a minute, probably.

Mr. Brian Jenkins: The only thing I would have added is that I do have copies of all the papers if anybody wants them.

Ms. Laurie Scott: Okay. Excellent stats—there was a lot of information there. Thank you for coming today. What do you think is the best thing we can do, either in education out there in the public, because we've heard a lot in this committee about the revealing statistics of how many men are assaulted—what do you think, in the short time? Is it training with the police to be more aware, to record differently, to be more sensitive to it? I'm sure it's also part of the education system. Choose one of those to answer in the short time that I have.

Mr. Brian Jenkins: Quickly, I think the education system has to change to where it makes all genders aware of what sexual abuse is and how to recognize it and what's going on. I do think that for adults, yes, there has to be a very significant change in the education of police.

Ms. Laurie Scott: Okay.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from our NDP caucus.

Ms. Peggy Sattler: Thank you for the presentation. One of the things that you mentioned that surprised me was around the similar rates of reporting experiences of violence between men and women. The difference, you said, comes in the police opening files to investigate the allegations.

One of the things we had heard earlier in this committee is about men's reluctance to report because of stigma, because of not being believed. I wonder if you could comment on that, about men's willingness to report.

Mr. Brian Jenkins: Being sort of front-line, let me do this. First of all, men report less. Of the reports to police, 37% were about female victims. There is roughly an equal number of victims—only 15% of male victims. So

there's a lot less reporting on the males. The men report less. One of the problems in our society and that we do see is that males who report domestic violence are usually arrested.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final question for you is from our Liberal caucus.

Mr. Peter Z. Milczyn: Thank you, Mr. Jenkins. You covered a lot of ground. Just very briefly: Are you aware of any jurisdictions or any programs that have been effective to address the stigma that males feel about reporting? Have there been effective programs anywhere to encourage male reporting of sexual violence?

Mr. Brian Jenkins: There was an attempt to do so in Alberta, which lasted for a very short period of time because, basically, the males who reported found out they weren't listened to and arrested.

The Chair (Ms. Daiene Vernile): Mr. Jenkins, I want to thank you very much for coming and appearing before this committee today. If you wish, we invite you to join our audience and to listen to our next presenters.

TORONTO RAPE CRISIS CENTRE/MULTICULTURAL WOMEN AGAINST RAPE

The Chair (Ms. Daiene Vernile): I would like to call on the Toronto Rape Crisis Centre, Deb Singh, to come forward. Make yourself comfortable and please start by stating your name. Begin any time.

0920

Ms. Deb Singh: Good morning, everyone. My name is Deb Singh. I'm going to begin. I'm a counsellor and activist at the Toronto Rape Crisis Centre/Multicultural Women Against Rape. I want to thank the committee today for allowing us, here on the land of the people of the Mississaugas of the New Credit, the Haudenosaunee Confederacy, the Huron-Wendat and Métis of Ontario, the opportunity to do this work and this deputation.

I would like to start today by saying that as an organization that celebrated its 40th year in 2014, the Toronto Rape Crisis Centre/Multicultural Women Against Rape has been supporting survivors as well as preventing violence for just about that long. Today we are going to highlight one of the ways we have been doing these things through education and training.

I would like to introduce you to Kathryn. Kathryn has been a volunteer of the TRCC for about five years. When Kathryn first started at the crisis line as a volunteer, she was trained on topics such as violence against women, feminism, anti-oppression, peer counselling, the global war on women, working across difference, policies and procedures, activism and, of course, sexual violence. As time went on, she learned even more about dealing with trauma, rape culture and legal and medical interventions as well as violence prevention.

Kathryn started thinking differently about the world we live in. When her co-worker shared a racist joke at work, she felt empowered to name it. When her friend

sent her a sexist email forward, she felt the need to interrupt it. When friends shared opinions on survivors lying about rape, she needed to address it. When a family member needed support when they were going through something, she listened and offered resources. The ongoing training and learning she was doing at the TRCC/MWAR was affecting just about everybody she knew, whether they liked it or not.

Training and education are crucial to violence prevention. The TRCC/MWAR imagines having even more tools to access information, outreach to more volunteers and change even more minds about what is permissible when it comes to sex. Although some might believe that we work in a limited capacity, only servicing women once violence has occurred, we in fact serve all survivors of violence, and we are in the business of changing attitudes through education and access.

According to our centre statistics, 16% of our callers on our 24-hour crisis line are male-identified. While we currently train cisgender women, trans men, trans women, two-spirited and gender-queer folks on our crisis line, we also train cisgender men in the contexts of universities, high schools, after-school programs, service providers etc. But without more funding, we have only been able to do outreach and create workshops and training modules to a point.

As the only rape crisis centre in the city of Toronto, we want to facilitate workshops and conduct formal training with even more groups of men in diverse communities working to end sexual violence through education. While it is a humble request, no one can underestimate the power of breaking the silence around sexual violence, even in the context of education.

The training aspect of our centre goes beyond individual volunteers on our crisis line. We train service providers, students, academics, faculty, police, legal personnel and other rape crisis centre workers. We are also involved in informal restorative justice and community accountability procedures and policy-making when organizations, communities or institutions have had a sexual assault happen within them and are asked to enforce or create a policy around the violence.

In conjunction with this, communities often also request that we facilitate conversations, as the violence has of course affected the entire group or community, not only the survivor and the perpetrator. This work is particularly crucial because it offers a space for folks around the survivors or perpetrators to debrief and support each other with formal tools we can offer and support in creating structures and policies when sexual violence happens within their community, organization or group again.

With additional funds, we would be able, with survivors, to co-create restorative justice measures that could possibly support whole communities in terms of healing and where numbers of community members are affected by the sexual violence. We can be part of creating many opportunities to talk and heal in an ongoing fashion.

While we can't divulge the communities or groups in which we have done this work, we can say we have been

asked to support people on university campus housing, games clubs, community organizations, feminist publication groups and non-profit bookstores, just to name a few. We have supported such communities when rape or other forms of violent oppression have occurred in their context and they require a number of different supports, which include, but are not limited to, emotional support—group or individual—policy and procedure writing, community accountability models, workshops and ongoing support over time.

To be more specific, if we were to receive a significant increase in sustainable core funding from the It's Never Okay campaign, the opportunities to expand our work to include more training opportunities for ourselves and our volunteers both inside and outside the TRCC/MWAR, to increase awareness, to increase accessibility and to increase outreach would be transformative in the fight to eradicate sexual violence.

Many of the groups who have made deputations to this committee are experts in their fields. It is important that we listen and we learn from one another, all working to the same goal: to end violence against women and trans people.

As mentioned, the Toronto Rape Crisis Centre/Multicultural Women Against Rape has 40 years of experience delivering front-line services, training and education, which translates into 40 years-worth of exercises, training and workshop modules that we have created to attempt to create a more just world. We have been able to share an oral history of anti-oppressive, self-work exercises for years, but most recently, with a one-time grant, we were able to use technology differently—i.e., acquire a laptop and a projector—making our workshops and training modules more accessible for different learning styles as well as more accessible based on ability and age.

So the simplest things will make violence prevention an actual possibility, if we just invest in them.

We know the It's Never Okay campaign has a keen emphasis on reporting violence as a tool to stop it. In our experience as a sexual assault/rape crisis centre, this is unfortunately not the case. We can create measures where survivors may feel more confident to report the occurrence of sexual assault, but this alone will not stop the violence. In fact, reporting itself has not decreased the instance of violence. Our communities of men have to feel less invested in the permissible nature of sexual violence in our current world. There must be more to encourage men not to rape, not just the fear of punitive measures. We must create a culture of consent in place of the culture of rape that currently exists. We believe time, education and more money to all of the organizations who have lobbied is one of the answers to that.

SACs and rape crisis centres, in particular, have been underfunded for a long while and we can see this reflected in many ways. Our recommendation to the It's Never Okay campaign in preventing violence against women and trans people is to provide sustainable funding to SACs and RCCs as we have been doing this work in

prevention and education for decades. Every time one of us, as workers, is asked what our job is, we are providing information about sexual violence to the community, debunking myths and breaking the silence around violence when speaking the word “rape.” We are doing so much of the work to prevent sexual violence against women and trans people in our community, but it's not only on us. It is on the men of Ontario and the world to stop sexual violence, and that's why we think education and training are so important.

In our experience, survivors have not had positive experiences when reporting rape. From being made to feel like if she doesn't report rape it's on her if it happens again to not being believed by police, it is a real travesty that we have needed to coin a phrase like “double victimization.” With that in our minds, it is our hope, our vision at the TRCC/MWAR to turn the It's Never Okay funding into a place where survivors have access to research and actively use as an option the tools and methods of restorative justice/community accountability models.

For decades, the TRCC has been using these methods with survivors to get their own more emotionally satisfying brand of justice. We have encouraged survivors to take action in their community through letter writing, group or singular support to the survivor, and even mediation with the perpetrator. While the restorative justice model may not be for everyone, it is useful and comforting to offer survivors places where this form of support can centralize the survivor in the process versus being a witness to the crime against them. Further, we are in support of a model that allows for more concrete measures, again directed by the survivors—than simply the punitive model.

0930

One thing I can say with the utmost confidence about the Toronto Rape Crisis Centre/Multicultural Women Against Rape is that we act as accountably as possible to the communities of sexual assault survivors out there. That is, as we work to support survivors and end violence, our compass is always directed by what the community is asking for.

When we have upwards of 200 new volunteers a year at the centre, when we have so many requests for support when sexual violence has happened in their group or community or to the individual that there is a backlog among our seven paid staff—we know that this is a reflection of what is needed in our city and province.

Our community at large is asking for more information about sexual violence, support to survivors, survivor-driven resources, tools and accountability methods. It is, in fact, exciting to support various communities. While violence has affected them, they are empowered enough to reach out and ask for what they think is needed.

As I come to the end of my presentation, I need to highlight the following recommendations from the TRCC/MWAR:

(1) an increase in funding for sexual assault centres and rape crisis centres;

(2) training and education for SACs and RCCs in leadership;

(3) aboriginal-led community resources, including training for SACs;

(4) gender-based analysis; and

(5) training and education directed towards boys and men.

Without these there is no way forward.

At the Toronto Rape Crisis Centre/Multicultural Women Against Rape, we believe this is a critical opportunity for you, for us and for society as a whole. When we receive our existing core funding, we put that money to work as rape crisis centres and sexual assault centres. Now is a crucial time, and we have a huge opportunity with how to allocate the funds from the province. SACs and rape crisis centres have done astonishing work with existing funds. Imagine what we could create to support survivors with this campaign.

While our organizations may benefit from these funds, the Ontario government and society have even more to gain. We can present ourselves as leaders in the country, even in a global context, on what is really needed in a movement to end sexual violence. We hope you engage in that opportunity with us. Thank you.

The Chair (Ms. Daiene Vernile): Thank you, Ms. Singh. Our first questions for you are from our NDP caucus.

Ms. Peggy Sattler: Yes, thank you very much. I am astonished that you have only seven paid staff, and that the Toronto Rape Crisis Centre is the only rape crisis centre in the city of Toronto. Where do women who experience sexual assault in this city go for support? You must be overwhelmed with people coming to you.

Ms. Deb Singh: Absolutely. Of course, every organization in the city pretty much has a waiting list, and that's partially a part of existing core funding. Also, there are a number of different organizations that women turn to. But in fact, when sexual assaults happen in the city, we're also inundated with media requests and requests to speak and do workshops, so there is an increase in that too. Yes, we become super-backlogged in terms of being able to support survivors.

Of course, the amazing thing is that we do have our 24-hour crisis line, which has upward of 90 volunteers on it. It is a 24-hour crisis line, so we're able to direct survivors to get some support there. But it isn't ongoing support. It isn't the kind of healing work that survivors are asking for. It's only immediate, as it is only a crisis line.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from our Liberal caucus.

Ms. Soo Wong: Thank you very much, Ms. Singh, for being here today, and to your volunteers for being here. I want to acknowledge your presence here at the committee.

I'm hearing the recommendations you're asking this select committee to consider. I also want to hear more of your conversation about diverse urban Toronto. I am a

Toronto member, in Scarborough. What are some of the challenges you're facing for your centre? Being here for 40 years, what are some of the top challenges that you're facing right now to support the very large, diverse population called the city of Toronto?

Ms. Deb Singh: I would say that our top challenge is our core sustainable funding. If we had more funding, we would obviously be able to reach out to the GTA.

With that said, people in Scarborough, Richmond Hill, Markham etc. often contact the centre—survivors looking for individual, face-to-face support, from having experienced interpersonal violence, and also service providers as well as schools etc., and we just can't fulfill all of the requests. So with more funding we would be able to reach out to various parts of Toronto, including the GTA, because they're looking for the very keen and diverse support that we are able to provide at the centre, being the hub of what it means to support sexual assault survivors out there.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you are from our PC caucus.

Mr. Randy Hillier: Thank you very much for being here. I just want to zero in on one phrase. You mentioned that this is not a positive experience, and we all understand that. I was wondering if you have developed a checklist or a list of what can be done that would be a more positive experience, or in the alternative, take away those things that create a negative experience. I'm just wondering if you've developed some sort of checklist or priorities that need to be altered to make it less negative.

Ms. Deb Singh: For survivors?

Mr. Randy Hillier: Yes.

Ms. Deb Singh: When we connect with individual survivors, we give women or trans people—which is the majority of people who come to the centre—many options. We don't tell them what is a good experience or a bad experience.

Mr. Randy Hillier: No, no. What I was wondering—if somebody, for example, suffers from violence—rape or sexual assault, however you want to categorize it—and their experience through the police and the court system is a further negative experience, I'm wondering if you've developed some sort of template or some sort of checklist that says, "These are the things that add to the negative experience and we need to minimize them or mitigate them," and/or, "These are some options which may make it less of a negative" that we ought to be exploring or looking to incorporate into the process.

Ms. Deb Singh: As every survivor is different, and every experience is different, often the feelings are the same, or similar. We allow survivors to choose their own options, so we'll give survivors a number of different options to choose from. So there is a sort of checklist, but rather it's more about being able to understand that there is going to be different kinds of work that the survivor wants to do. Some of it will be legal, some of it will be emotional, some of it might be physical or medical, so we allow and give a lot of different options for survivors

and support them through those options through accompaniment, face-to-face counselling, information resources etc.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Singh, for your presentation this morning. I invite you to sit with our audience if you wish to.

ONTARIO COLLABORATIVE RESPONSE TO FAMILY VIOLENCE

The Chair (Ms. Daiene Vernile): I would like to call on our next presenters; they are with the Ontario Collaborative Response to Family Violence. Please come forward. Make yourselves comfortable. You're going to have 15 minutes to address our committee. Please begin by stating your names. Begin any time.

Ms. Julia Manuel: I'm Julia Manuel and I'm the manager of the Family Violence Project of Waterloo Region.

Ms. Emma Harvey: I'm Emma Harvey and I'm the collaborative coordinator of the Durham Region's Intimate-relationship Violence Empowerment Network, or DRIVEN.

Ms. Rubaiyat Karim: I'm Rubaiyat Karim and I'm the program manager for the York Region Centre for Community Safety. You will have a handout in front of you with our PowerPoint slides as we go along.

Ms. Emma Harvey: The Ontario Collaborative Response to Family Violence is a group of community projects that support an innovative and effective response to survivors of family violence. The Ontario Collaborative Response to Family Violence represents a collaboration of agencies that provide a coordinated response to maximize supports in one location, enhance survivor accessibility and ultimately save lives.

There are seven community projects that are members of the Ontario Collaborative Response to Family Violence. We are dispersed across southern Ontario. The hubs are located in Waterloo, York, Durham, Peel, Peterborough and two in Toronto.

In Canada and around the world, these multi-agency service delivery models are referred to by different names, such as hubs, but share the core concept of providing one place where survivors of domestic violence, sexual violence and family violence can go to have their multiple needs met.

The group of community hubs that form the Ontario Collaborative Response to Family Violence offer a multidisciplinary team housed under one roof. When it hasn't been possible for all partner agencies to co-locate, the concept has been expanded to include networks of off-site collaborating partners to whom the on-site partners connect survivors that same day, ensuring no one drops through the cracks between services and reducing the barriers to service.

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Our hubs are based on the family justice centre model. In 1999, the community safety audit was completed in San Diego, which identified that survivors of domestic

violence had to go to 32 separate places to receive supports. The profound upside to this finding is that there are many services available. The downside is that there's a gauntlet that survivors and children have to navigate to obtain services.

Through focus groups with survivors, it was decided that the best route to go was the one-stop-shop model of service. The one-stop model of service involved the co-location of a multidisciplinary team of professionals who work together under one roof to provide coordinated services to survivors of family violence.

In the United States, these centres are called the family justice centres. They are defined in federal law and government funded. The first family justice centre opened in San Diego in 2002. It has been demonstrated that coordinated support has increased service usage at these family justice centres.

Violence against women has always been inclusive of sexual violence and includes domestic violence, sexual violence and familial violence. It is not new for the government to look at this simultaneously. Domestic violence perpetrators often use sexual violence as a means to control and silence a victim or partner. The women who come to the hubs and experience domestic violence are also commonly experiencing sexual violence.

Our hubs provide integrated service for domestic violence, sexual violence and family violence. This one-stop model of support facilitates effective, efficient, timely and sensitive interventions.

The US Department of Justice identified the family justice centre model, a multi-sectoral model, as an evidence-informed promising practice in the field of domestic violence intervention and prevention. The published outcomes include reduced homicides, increased survivor safety, increased autonomy and empowerment for the survivors, reduced fear and anxiety faced by the survivors, reduced recantation and minimization by survivors, increased efficiency and collaborative services to survivors among service providers, increased prosecution of offenders and dramatically increased committee support for services for survivors and children.

The Blueprint for Safety developed by Praxis International illustrates the importance of tailoring interventions to the case. By understanding and coordinating case support in regard to the frequency, circumstance and patterns of abuse, we are helping to ensure that the outcomes I have just listed are achieved.

Ms. Rubaiyat Karim: Across the seven hubs, there are 110 organizations that have taken into consideration the following documents—they make recommendations. We know that the governments of Ontario and Canada are aware of the challenges of providing services on sexual violence and domestic violence. The government recognizes the importance of collaboration amongst ministries, community organizations, service providers, professionals, violence against women organizations, survivors and their advocates to develop an effective response to sexual violence and domestic violence.

We know that co-located, collaborative, coordinated models of service that fit seamlessly into the model of

practice that's outlined in the Domestic Violence Action Plan is necessary. It further speaks to the importance of the fact that the lives of women do not conform to boundaries across programs, ministries, agencies, institutions or levels of government. We know we must make efforts to coordinate within and across sectors to create an integrated continuum of services and supports.

Across the seven hubs, as I mentioned, 110 organizations are co-located, collaborative and coordinating their services so that the supports that are provided across the sectors can be provided without boundaries or barriers to survivors.

The inquests that I've listed here have made recommendations to create a process to share information among service providers through case conferencing. They have made recommendations so that we are not duplicating services; in fact, we're identifying gaps in services. They have called for increased community-based supports and services for women and children exposed to domestic and sexual violence.

They've asked for standardized risk and intake processes. They ask us to address and assist domestic and sexual violence survivors in a coordinated, comprehensive and cost-effective manner. In fact, what you have within the hubs is a valuable network of integrated support services that provide women and children an opportunity to live a life free of violence where they live, play and work.

As I mentioned, in all of these hubs we are co-located in coordinating services, so it is very important that we share information. As we share information, we do that with client consent and we keep in mind client confidentiality.

However, we know that there are three key challenges women face when they're trying to access domestic and sexual violence services. The survivors themselves are often unsure of what exactly it is that they need in terms of supports or services. Often if they can identify specifically what type of help they need, they may not know who provides it or where to go to get that service. They may have identified the service that they need to get; however, getting to that location may be an issue because of geographic location.

Often when they go in to get the services, they're having to repeatedly tell their story, further increasing the trauma they experience. Hubs across the province are really an opportunity for us to reduce those barriers, to ensure that women access services in the places that they need, at the time that they need them, without having to wait.

Ms. Julia Manuel: Across the many sectors there are multiple hidden and direct costs of domestic and sexual violence that end up being passed along to the public. In the 2010-11 fiscal year it was estimated that Ontario spent a total of \$220 million across all ministries dealing with the issue of violence against women. Two thirds of these costs were for the VAW programs and services that were administered by the Ministry of Community and Social Services.

A 2012 Justice Canada federal investigation into spousal abuse against women examined a broad range of economic impacts for every reported incident of spousal violence in 2009. They came up with what they call a conservative estimate of the cost to society: \$4.8 billion for female victims for that one year. They found that Canada's justice system bore roughly 7% of the total cost. Third parties—i.e. employers, social service agencies and children—incurred approximately 12%, while victims themselves bore the greatest cost burden, at more than 80%.

According to Health Canada's National Clearinghouse on Family Violence, violence is a major factor in women's health and well-being. The measurable health-related costs of violence against women in Canada exceed \$1.5 billion per year. These costs include short-term medical and dental treatment for injuries, long-term physical and psychological care, lost time at work, and use of transition homes and crisis centres.

A report done for the Canadian Centre for Policy Alternatives states that the costs associated with adult sexual assault and intimate partner violence combined are an estimated \$9 billion.

Including health, criminal justice, social services and lost productivity from violence, it's between \$1.5 to \$4.2 billion. That's broken down, and we just picked out the main pieces:

- emergency room visits for domestic violence: approximately \$209.84 per survivor;
- CAS intake and intervention: \$2,276;
- police investigation of domestic violence: \$683;
- domestic homicide: approximately \$2 million;
- average cost for the legal case for child custody and support: \$2,625.

It has been documented that 13% of abused women seek assistance from shelters, while 87% remain in the community and seek assistance from family service and community agencies.

However, with a collaborative response—i.e. the hubs—the successful results of the service model mean that there are more benefits for victims. More women living with domestic violence will seek help due to easier access to services. Women and children dealing with domestic sexual violence will receive timely service because there are no wait-lists. Women and children dealing with domestic sexual violence will receive a coordinated range of services that will address their specific needs. Fewer abused women will return to the abusive situation because they have received increased and more timely interventions.

There are also benefits for partner agencies. There would be a reduction in workload and a more efficient use of their time. There would also be an improved understanding of the range of services available, facilitating appropriate, efficient and timely referrals.

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There are also benefits for the community. Other community agencies will save time through the use of a one-access point for referrals. Other community mem-

bers, in addition to survivors, will have greater knowledge of the services available and how to access them. The cost to the public related to domestic violence can be reduced through the use of the collaborative model. Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first questions for you are from our Liberal caucus.

Ms. Sophie Kiwala: Thank you very much for being here today and thank you for your work in the communities that you're serving through your hubs. I'm really pleased to be able to be here today and hear your deputation. I thank you for your commitment.

One of the things that I would love to have a little bit more feedback on is what we should be doing to offer assistance to individuals who are not likely to report. That's something that does concern me, and I would very much appreciate learning a little bit more from your perspective.

Ms. Julia Manuel: I can tell you that, from my experience with our model, we have sort of reduced the barriers to some degree for women to report because they can access services without having to report to police. That is the biggest fear, because a lot of survivors want the abuse to stop; they don't necessarily want their partner arrested. So they do have the opportunity, through the various hubs, to come in and access those services, whether it's safety planning, leaving the relationship in a safe manner or legal services, without having to make that report to the police, which reduces the barriers to women reporting.

However, in saying that, there is the mandatory referral with the domestic violence to family and children's services if children are present in the home. But with a hub, they will have somebody to walk them through that process and support them throughout the whole process.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from our PC caucus.

Mr. Randy Hillier: Thank you very much for being here. It was a wonderful presentation. It sounds like a very positive and practical model. I've got two questions. Are there any studies that you're aware of or that are under way showing a difference or a comparison between the hub model that is in use with yourselves and people who go through the non-collaborative approach? Are there any academic studies or anybody who is looking at the outcomes from those different experiences?

I also wanted to ask—we know that there's a pilot project going on here in parts of the GTA as far as combining family courts in different courts, so we don't have that information-sharing slide that you put up there of having to speak to multiple different courts and multiple different courts. I was just wondering if you have any experience on that merged-courts system and if you've got anything that you can share with the committee on that.

Ms. Rubaiyat Karim: I'll address your first question, which is about the studies that are available. Currently,

the seven hubs that we listed are in the process of doing an evaluation across the seven sites, trying to get an understanding of what the system is like when a person doesn't have access to integrated supports and then what it is like when they do have access to integrated supports.

That study that we are currently engaged in will look at a lot of feedback from service users and service providers, because we know there is a benefit to service providers as well. So the organizations that receive funding as non-profit organizations to provide services are able to do a more effective job, as we outlined, but individuals who are in the community are able to have better access to that resource.

There are a lot of studies done in the United States, because this is a model that has been around for 10 years. There aren't as many, but there are studies available—and, in fact, one in the GTA that was done by—I can't recall now, but there was a study that was developed looking at community hubs in general. That essentially looked at the cost-saving aspect and the integration aspect, but we are specifically looking at domestic and sexual violence outcomes. So it will be a bit different and it will draw on that as part of the larger review. So we're happy to share that.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final question for you is from our NDP caucus.

Mr. Taras Natyshak: Thank you very much for your presentation and the work that you do on behalf of our province and our communities.

Interesting point through the framework for action—I think we're all well familiar with the crisis that is missing and murdered indigenous women in Canada; the federal government has been reluctant to launch a national inquiry on that specifically. I see that, through your framework, you use the findings of various inquiries that have happened. I want to know how you use the information you obtain through the inquiry to further your knowledge and the services you deliver through your association and your group.

Ms. Rubaiyat Karim: The recommendations generally are very specific to sectors. We generally tend to use those inquiry recommendations specific to those sectors. For example, I'll talk very specifically about the last inquiry, which is the Nasrin Toreihi inquiry. That was done locally in York region. That was the murder of a woman that happened in 2011.

We took those recommendations directly to the police and took the recommendations to the children's aid society. They have, in fact, implemented a lot of the recommendations. We recognize that when we are not talking to one another as sectors, we are not informed about the full scale of what is happening in the home. The police were aware of certain significant incidents; CAS wasn't aware of certain incidents.

Putting that story together is immensely beneficial to the victim, because they don't have to repeat that story. They're able to go for service, and regardless of who is at the table, they're able to get the support and service that they need.

The Chair (Ms. Daiene Vernile): Thank you very much. I've had a request, too, that if you have any worthwhile studies you would like to pass on to our committee, please do so. You have our email address. You can pass those along electronically, or if you have hard copies, that would be acceptable, too. Thank you very much.

Ms. Rubaiyat Karim: Wonderful. Thank you.

The Chair (Ms. Daiene Vernile): I invite you to join our audience now, if you wish.

MS. PENNY FISHER

The Chair (Ms. Daiene Vernile): I will call on our final presenter this morning. Penny Fisher, please come forward. Make yourself comfortable. You have 15 minutes to address our committee. That will be followed by questions by our caucus members. Please start by stating your name and if you are with an organization.

Ms. Penny Fisher: My name is Penny Fisher.

Good morning, honourable committee members. This is my second visit to the Legislature. My first was on April 21, 2010, when I received the Attorney General's Victim Services Award of Distinction. It was also the last day I spent with my youngest children, 1,839 days ago, so I respectfully ask for your patience with me as I regale my story to you. Being here is a huge trigger for me, and it has cost me my health.

We met at university. He was good-looking, charming, inviting and helpful. He worked two jobs to pay his way through school. He seemed to share my thoughts, feelings and values. There wasn't anything he wouldn't do for me. He wanted to spend every minute with me and, within a matter of weeks, said he was in love with me and wanted children with me. In less than four months, he proposed marriage.

It all seemed perfect until a month before the wedding. He quit his job without any real explanation. He began to destroy wedding presents and valuables. I tried to call off the wedding. I adamantly refused to live with the violent rage that was familiar throughout my childhood.

He said he was sorry and that it would never happen again. He told me that as long as he didn't hit me, it wasn't physical abuse; therefore, I had nothing to worry about. I believed in him.

A few weeks later, after the wedding, my grandmother, who raised me, died. He accused me of allowing her to rule my life from the grave. He began to punch holes in the walls and doors and break windows of our rental units, blaming me for making him pissed off. He wasn't as materialistic as me, and if he didn't hit me, it wasn't physical abuse.

He claimed it was easy to soothe him, but he never took responsibility for his blowouts. I thought his problem with his anger was his, not mine—my mistake.

With his constant excuses, refusing to work from the beginning, the full responsibility for financials fell on me. He convinced me, against my convictions, to apply for credit cards, which he kept on his person to pay for

rent, claiming that credit was income. When I asked to see the amounts, he would ask, "Aren't you supposed to trust your husband?" He spent the money according to his whims, and I had to ask for his approval and account for every cent. Thus began my enslavement to fund his free life.

He isolated me from my education, claiming we couldn't afford it. Within a year, my education fund was gone on purchases he later destroyed. Isolation from my friends and family continued by destroying a room, not taking responsibility and saying, "Let's not have anyone over. The place doesn't look so good." If I didn't fix it, it wouldn't get done.

By the time our first child was born, he was my only visitor during my week-long hospital stay.

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If I didn't work, we didn't eat, and I returned full-time to work when the baby was two weeks old.

No one was allowed in the home without his prior permission.

There were instances of direct physical abuse early on to myself and to the children, but he was never charged. He had a gift of saying whatever convinced me that I didn't see what I saw or hold him accountable.

The more I gave, the more he took. Our lives became more and more about him. He preyed on my weaknesses and turned my strengths against me. The FOG tactics were so thick I couldn't see what was in front of me. By "FOG" I mean an acronym: fear, obligation and guilt—powerful motivators. I felt obliged to do everything I could; I feared being a single parent. Whatever I did or said or didn't say was criticized. I became super mom to four children and a grown man, and I felt as if I was going crazy.

It didn't get better, as he promised; it only ever got worse. I became possessed in the mind and as an object. He kept telling me that should I decide to leave him, he would give me my freedom, as if it was his to give.

When the blinders came off, I awoke to a living nightmare. I realized how low we had sunk, and I said, "No more." I learned that healthy love is about time, care, protection and respect—never about power and control. I began to tell others of his behaviour only to discover that no one believed me.

I began working on me, receiving more of an education than I ever cared to, and I set and enforced boundaries and expectations. The truth was I had been a single mom throughout the marriage. Destroying property was physical abuse because it uses a body to intimidate and control.

His version of trust was blind faith. His truth was a lie. Communication was do as he says. Co-operation was equal to, but not less than, obeying him in everything. After all, didn't I want him to tell me that he loved me?

When I refused to back down, he filed legal separation papers accusing me of abusing him, seeking sole custody and spousal support, involving our children in the process. He insisted I have two more children with him; four wasn't enough. Having more children meant so much to him.

The children began to forget their past and see him as super dad. He undermined my parental authority, creating an atmosphere of no rules or consequences. I watched myself cease to exist in front of all our beautiful children. I, who was mom and caregiver, became Penny, some choice words I won't repeat and then a non-entity who deserved to be physically assaulted by the children in a sick attempt to divide and conquer.

He reneged on his agreement to the judge to move out, and it didn't matter what our marital status was I must always care for him under the same roof and appear to the outside world as if we were still a happy family so he would never have to work a day. It was not over until he said so. And of course, it was my attitude that needed changing. The children were taught hatred and entitlement.

I began to have dreams of hurting him just to get away. The police in the sexual assault and domestic violence unit urged safety planning and offered a 911 cell phone. I rejected the legal advice I was given to get him to hit me in front of the children because the courts want to see blood. Getting to a shelter safely was impossible, and I felt overwhelmingly trapped and entertained suicidal thoughts.

Efforts to get emergency custody before leaving were thwarted by incompetent legal advice. When I ran out of time, I was forced to choose between my four children. It was too risky to leave with my older two safely, and it broke my heart to leave them behind.

I arranged for police protection during the move, and to my horror, our son was at the house when my friends, the police and I descended. I begged my son for time. He helped me move and hugged me before I left—the first hug in months, and it would be his last.

I volunteered my forwarding address to police. Within 24 hours, two police officers were at my new door with an emergency order to remove the youngest children from the house, by force if necessary. Later in court, the judge asked me the worst question she could have asked me: "What do you want?" No one had ever asked me that question before, and I didn't know how to answer. So under extreme duress, I forfeited temporary interim custody. I soon learned that "temporary" does not mean temporary.

Fast forward: It was documented that the children's voices were not their own. They were under tremendous emotional stress and pressure. Here's the photographic evidence of that pressure that I have given to you. When is this ever appropriate? I honestly do not understand how people who claim to have the best interests of the children as a priority see these, do nothing, and walk away. To be forced to sit on the sidelines—to be unheard while watching the children suffer—is a form of mental torture.

I've lost track of all the number of things I've been accused of, but claims are not truth. It doesn't seem to matter that I've done everything and more that the authorities have asked me to. It's not enough.

My questions are: What is enough? Some of the questions I haven't heard are: When was the last time the

children spent time with their mom? Why not? What conditions are the children living in? Why does not one authority know? Why are they allowed to remain with unresolved feelings of anger, hatred, grief and loss? Why haven't they received the counselling the court ordered? Courts ensure children of convicted criminals get to see their parents.

It's not just me. They were isolated from everyone associated with me, including their own sister. If I was as bad as claimed, why would it be necessary to intercept the children's mail, to limit my contact with the schools, to keep us apart year after year, monitor and block their social media, keep them from court-ordered counselling, and why their sister, their friends and their family?

I come from a family of police officers. I was raised to believe that if you do what you're supposed to, if you follow the law and tell the truth, you have nothing to worry about. Experience has taught me the opposite is true. The roles of victim and abuser are reversed. Abusers get support and victims get consequences. It's like living in Alice in Wonderland, where things seem familiar but nothing makes sense, where good is bad and bad is good.

The system urges victims to leave; it's easier said than done. However unbelievable my story may seem, mine is far from unique. On average, it takes seven to 11 times to leave for good. Authorities say that there are systems in place to help. Yes, there are. It's wonderful when they work, but they don't.

In 2011, the US Department of Justice published Dr. Daniel Saunders's study, including Canadian experts, about the training of judges, lawyers and evaluators in DV and found that the court professionals do not have the training and needed expertise to respond appropriately, providing a false sense of competence so that they rarely seek the assistance from DV experts and were ignored or minimized in the evaluation. Evaluators gave too much weight to survivors' mental health or alleged mental health symptoms.

Parental alienation is a severe form of psychological child abuse. It is a form of domestic violence towards both the targeted parent and the child using the love between them to inflict intense and severe suffering, to hide behind the child while hurting and/or destroying the other parent.

Abuse is a mentality; it's power and control, not gender. All DV begins with psychological and emotional abuse. Both men and women abuse; both alienate children to continue to control and exert power over a spouse.

Alienation dates back thousands of years. In Euripides's *Medea*, Medea brags to her husband, Jason, "I have killed our sons because I loathed you more than I loved them."

Patriarchal laws have condoned alienating fathers' behaviours because women and children were the property of men. Only recently, after women were given the vote and women's and children's rights were recognized, has alienation been documented through the courts differently.

What happens to victims of DV also happens to victims of alienation. Both come under the influence of the abuser. In alienation, the children can literally change overnight. Many parents have described this like an "alien abduction." The child looks and sounds the same, but it's not them. The child can appear quite normal except when confronted by their feelings for the targeted parent. To an untrained professional, the PAS behaviour also can be mistaken.

In her book *The Cult of Parenthood*, by Dr. Amy Baker, survivors of alienation described their parents much in the same terms as cult leaders. I've given you copies of these, at the back, as the supporting materials. The alienating parent is the leader, the child is the member and the targeted parent becomes evil, a defector, or simply the enemy.

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Belonging is a powerful motivator the AP uses to full advantage. Children not strong enough to stand against the pressure succumb to traumatic bonding or Stockholm Syndrome. Who they were prior to the alienation is buried deep down inside. Children profess hatred for a previously loved parent and an obsessive love for the alienating parent. There is no ambivalence. It's easier for a child to do bad things to a parent they believe they hate than a loving parent. It's what he or she has to do in order to survive—a child soldier of a different war.

The Chair (Ms. Daiene Vernile): Ms. Fisher, you have one minute left.

Ms. Penny Fisher: I appreciate it, thank you.

I will not make any recommendations to this committee. Recommendations are only suggestions that are too often ignored. What I expect is action. Include alienation in DV legislation. Make alienation part of the Criminal Code, commensurate with those governing other forms of severe child abuse and domestic violence. Ensure courts are accountable to their own orders for custody, access and counselling. Use Dr. Craig Childress's attachment-based parental alienation model and the DSM-5, 2013, in children's treatments.

Time is my worst enemy and my friend. Julie Craven, one of my co-recipients for the same award in 2010, gave me sage advice: "There's only hope for the children as long as you're alive." I do my best—the best I can, as I can. I owe so much to my friends, my church, my counsellors and to my rediscovered family for all the support, love and forgiveness they have shown me.

It has been five years for my youngest children and twice that for my son. How many milestones does a child have in that time? Time has been stolen from them. If our children were here, I would tell them, "I love you so very much. You are in my heart. I want you. I'm so sorry that I was not able to understand and give you what you needed when you needed it. Please forgive me. I will never give up on you. I have no angry feelings towards you. You always have a home with me. You have a right to love both parents. You have a right to love and be loved. You have a right to a childhood. Be the person you know you are in your heart. Be the example of what you

do want. Love trumps hatred, and when our hearts are together, we are in the same place.

"I am with you always,

"Mom."

Thank you for listening.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first question for you, if you would like a quick question, is MPP Scott.

Ms. Laurie Scott: Thank you. I wanted to give you the time to finish. First of all, thank you for your bravery in coming forward. It's a very heart-wrenching story that you've presented.

The resources that, I guess, didn't exist there or might be better now, when you went through this painful event—what do you think that we could have done better so that the resources out there—you mentioned some changes in the law, but just what resources, quickly, if you could answer?

Ms. Penny Fisher: Integration between the services.

Ms. Laurie Scott: Okay, so similar to what we maybe heard before.

Ms. Penny Fisher: There are a lot of agencies who do not talk to one another. I have found—I didn't quite get to it in my speech—that internal politics, money and personal agendas take priority over the best interests of the children. It has to be done in the children's time. Time is much different for children than it is for an adult. Childhood happens once, and we have to do it on their time. A year makes a huge difference in a child's life.

Ms. Laurie Scott: Okay. Thank you very much.

Ms. Penny Fisher: Thank you.

The Chair (Ms. Daiene Vernile): Our next question for you is from our NDP caucus.

Ms. Peggy Sattler: Thank you for coming and sharing that very difficult story. I really appreciate your personal perspective in understanding these issues.

You've obviously done research on parental alienation. The incidence of parental alienation—how frequently is it associated with domestic violence or family violence? Do they usually co-occur?

Ms. Penny Fisher: Yes, they do, because it's a way of continuing the control. There's a quote that I have from Dr. Childress, who is a court expert witness—another leading expert—"seen this pattern with males as the alienating parent (perhaps because of the higher prevalence for males to display narcissistic and antisocial personality traits), with mothers ... being the recipient of the child's (teenager's) excessive violence and threats ... associated with a history of pre-divorce domestic violence qualities within the family involving control, dominance, and verbal/emotional abuse from the narcissistic ... antisocial parent (husband) toward," in this case, the wife. They warrant a child protection response.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final question for you is from our Liberal caucus.

Ms. Soo Wong: Ms. Fisher, thank you so much for being here today and sharing your story. I think every member who is here today felt your pain. I just wanted to say that.

You mentioned some pieces about alienation being put into the Criminal Code. Do you know which provinces in Canada have this in their Criminal Code in terms of working with the federal government?

Ms. Penny Fisher: None.

Ms. Soo Wong: None. Okay.

And then my last question here is, are there any agencies in Ontario that focus on specifically the parental alienation that you talked so passionately about?

Ms. Penny Fisher: Thank you, yes. Robert Samery, who came with me this morning, is the vice-president of the Parental Alienation Awareness Organization.

Ms. Soo Wong: Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Fisher.

To our committee: This concludes our hearings for this morning. We stand adjourned until we reconvene this afternoon. Thank you very much.

The committee recessed from 1016 to 1530.

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. The Select Committee on Sexual Violence and Harassment will now come to order. I'd like to welcome all the presenters who are with us here this afternoon, along with guests who may be sitting in the audience.

Let me quickly share with you the mandate of this committee. We're here to listen to the experiences of survivors, front-line workers, advocates and experts on the issue of sexual violence and harassment. You are going to inform us on how to shift social norms and barriers that are preventing people from coming forward to report abuses.

However, I do want to stress that we do not have the power or the authority to investigate individual cases. That is better left to the legal authorities.

CANADIAN WOMEN'S FOUNDATION

The Chair (Ms. Daiene Vernile): Welcome to our first presenters today. I would ask that you begin by stating your names and the group that you are with. Begin any time.

Ms. Anu Dugal: Good afternoon, Madam Chair, and members of the committee. My name is Anu Dugal and I am the director of violence prevention at the Canadian Women's Foundation. I'm here today with my colleague Barbara Gosse, who is the senior director of policy research and innovation. I'd like to thank the committee for undertaking this important work and for offering us this opportunity to contribute to your consultations.

We're here today to share our experience and recommendations in four key areas: overcoming barriers that prevent women—individuals—from reporting sexual abuse; the need for collective action rather than individual, siloed programs; preventing sexual harassment and violence through youth-targeted education programs; and the need for a provincial framework based on gender equality.

By way of background, the Canadian Women's Foundation is Canada's largest public foundation sup-

porting women and girls. Our mission is to empower women and girls across Canada to move out of violence, out of poverty, and into confidence. We take a systemic approach, looking at root causes on the most critical issues facing women and girls in Canada, and we select and fund the programs that show the strongest outcomes and regularly evaluate this work.

Since 1991, we've invested over \$40 million in 1,300 community programs across the country. In the province of Ontario specifically, our investment in 2014 was over \$665,000 to violence prevention programs, which includes supporting the VAW—violence against women—shelters across the province, and also healthy relationships programs which teach boys and girls how to stop the violence for good.

Since the inception of our innovative Girls' Fund in 2006, we have been supporting cutting-edge programming for girls and increased our financial contributions eight times over, from just \$200,000 in 2006 to a current annual investment of \$2 million.

In the last two years, we invested more than \$350,000 to support pioneering work to prevent human trafficking and sexual exploitation, and help those who have escaped it rebuild their lives. We are also currently working with Ontario stakeholders to create action plans that not only seek to end this terrible crime, but also propose integrated and coordinated responses for key service providers.

We have 25 years of experience working with key stakeholders on violence prevention programs and policy development, and so we feel we can offer a comprehensive perspective on preventing sexual violence and harassment.

First of all, talking about barriers that women face when it comes to reporting harassment and assault: Our experience and data show that women do not come forward because they fear they will not be believed. There is also a clear lack of trust in positive outcomes when it comes to reporting sexual abuse.

We did a survey in 2013, commissioned with Angus Reid, where we heard that 10% of women would expect to resolve physical or sexual abuse by themselves. This same survey showed that women were not confident that their HR department at work would believe them; that was close to half—43%. Some 31% believed that the financial toll of a legal process would likely damage their family in particular, and they did not want their friends or family to know about an abusive situation. So 31% told us that reporting it to the police would likely be prevented because of this effect it would have on their family, friends and colleagues.

Our first recommendation is that the province of Ontario encourage trust with the police and the justice system to ensure that women are not revictimized. Victims of sexual assault often feel pressured to charge the accused within a very short period of time. For example, Ontario hospitals store sexual assault kits, rape kits, for up to six months to give survivors a chance to make a decision whether they want to lay charges or not. We think that by working with survivors directly, we can

make this system more responsive and victim-centered so that it will incentivize them to come forward. We've heard that the dynamics within the justice system are what's stopping women from coming forward.

First of all, women's treatment within the justice system is often based on whether she's perceived as a good victim or not or whether her case will sound good in court. Somebody who projects a calm, reasonable demeanour and suppresses her anger or her pain during the legal process is more likely to be seen positively by police and the legal system. She's usually required to tell her story within a very prescribed set—she's instructed how to tell her story and encouraged not to express any emotion while she does this. So she is essentially being revictimized by this process: The process happens to her, as the assault happened to her. Therefore we think that additional resources are required so that law enforcement can build more victim-centered approaches.

Our second recommendation is on the training of judges hearing sexual violence and harassment cases. The Ontario action plan specifically addresses education awareness and training for crown attorneys and for police when it comes to sexual assault and harassment. We support this. We think that education and awareness are key to building trust and respectful relationships. However, there is no mention in the plan of the additional training for judges. We believe this is critical because change cannot come about without every member of the legal system having a greater understanding of the victim impact from those who have been sexually abused or who have experienced violence or harassment.

Our third recommendation is that the province of Ontario close the door on access to personal records of the victim in cases of sexual assault. Disclosure of personal records from interveners such as psychiatrists, psychologists, rape crisis and sexual assault centres, abortion clinics and child welfare agencies are currently allowed, and we do not believe this should happen. In the examination of sexual assault cases, it has been found that the practice of requesting these records has actually become standard. Although these are technically available for all criminal trials, they are used almost exclusively in sexual assault cases to create an atmosphere of doubt about the victim's testimony, give the appearance of faulty memories, giving the idea that she has a motive to lie. These have consistently contributed to the erosion of protections for sexual assault complaints.

These personal records, we feel, should not be admissible, in a similar way that an examination of the sexual history of the victim is not admissible at this time.

Our fourth recommendation is that the province of Ontario provide additional funding for more inclusive and culturally sensitive supports. Because we support programs at the Canadian Women's Foundation that are focused on the needs of survivors, first and foremost, we hear from many survivors whose specific circumstances have been shaped in their experience. For example, aboriginal women who are generally not considered good victims in the eyes of authorities because they do not

always conform to what the law requires of them; disabled women in Toronto who won't come forward because they believe that making a complaint will actually make the abuse worse; rural women in Muskoka or in Chatham-Kent who don't have access to services because they're at a distance from the main population centres; trans women who do not want to reveal their identity because of the transphobia they might experience; and women who've been trafficked, who are often pushed out of group settings or support services because of the incorrect perception that they were complicit in prostitution.

The action plan recognizes the need for inclusiveness, and there was a clear signal that this matter is non-partisan and affects everyone in the province. However, the work needs to be centered on the needs of the victim, and this requires additional resources.

These additional supports often require additional funds. At Canadian Women's Foundation we look for programs that will build these supports into the existing programs. We supported a project, for example, with Community Living Toronto, that creates a program for women with developmental difficulties so that they can discuss concepts such as consent, assault, boundaries and healthy relationships. This program is now poised to be a train-the-trainer model that will be expanded to Community Living all across Canada. The same for women in remote and rural areas: They're very vulnerable because of the lack of emergency supports and follow-up services in smaller communities.

One of the ways the Canadian Women's Foundation addresses these gaps is by offering additional resources and funds that increase access. So the model might include paying for travel and transportation in remote areas. It might include offering interpretation or support for disabled women in programs. It may include language accessibility for newcomers.

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Recommendation 5 is that the province of Ontario encourage collaboration among service providers. Often we see that there is a co-existence of mental health issues, substance use and violence that is a barrier to coming forward, and also in the ways in which women can get help. For example, a woman would go to a shelter and not be able to have access to all her drugs at all times, if she's suffering from depression, anxiety or self-harm, which is often an ongoing case. After experiencing violence, women are vulnerable to those things. On the flip side, if she does have substance use issues she may get a detox bed, but her children can't accompany her through that process. Her children are then in care.

It's important to fund collective action to try and develop ways in which these organizations can work together in the best interests of women and their families, and support victims when they identify themselves.

There are also some very interesting projects you may have already heard about in Ottawa where local businesses such as pubs and bars are engaged in preventing sexual assault by using a bystander approach. So when

they see something happening in a community setting, what they will step in and try and stop that assault from happening. We find that these programs have made women feel safer in those communities.

Now, just to move on, we'd like to talk about how we can use primary prevention to prevent harassment and assault through youth programs. The Ontario sexual assault and harassment action plan uses this three-pronged approach—change attitudes, support survivors and enhance safety—and we believe that this will have impact. We support the approach. But in order to change attitudes and enhance safety, we believe that primary prevention is the key. This can really be the only way to stop sexual assault and harassment from happening, and that is by working with youth directly.

Young people are at the greatest risk of sexual assault, according to StatsCan 66% of female victims of sexual assault are under 24, and 11% are under 11. I just want to stop there, because that is a horrifying stat when you think about why people question that we need sex education in grade schools.

We know that Canadians have incorrect and problematic ideas about the root causes of sexual abuse. We've undertaken a number of surveys about this. There is the belief that women are still responsible for the sexual assault they receive because of their appearance, of their actions, and this makes abused women stay silent and often feel responsible for what happened to them.

We must stop this questioning, and address the root causes as to why men rape women. By engaging men early on and encouraging them to take an active role in stopping the violence they see, we can harness additional power to stop violence against women.

Our sixth recommendation and one that is well under way—and we support it wholeheartedly—is that the province of Ontario offer more universal programs in schools and communities to deal with sexual assault and harassment. We've funded them at the Canadian Women's Foundation for over 15 years. They include talking about the signs of abuse, behaviours that help create healthy relationships, consent, anti-oppression approaches etc.

I'll just give you a couple of stats on this: 83% of the teens who participated in the violence prevention programs we funded said that they learned how to recognize an abusive relationship and know what to do if they themselves or someone they know is being abused; and 92% have a better understanding of what a healthy relationship with another person looks like—respect, effective communication, problem-solving, healthy boundaries. These programs are working, but there is still more work to be done.

We know from our research that while the vast majority of Canadians—96%—agree that sexual activity should be consensual, two thirds do not actually understand what it means to give consent.

The Chair (Ms. Daiene Vernile): You have one minute left in your presentation.

Ms. Anu Dugal: Thank you very much.

Our final recommendation is that a provincial framework for gender equality be implemented, complete with oversight by the Premier. The Premier has rightly noted that misogyny underpins the sexual violence and harassment that all women in Ontario experience, and we could not agree more. Gender equality is both a cause and a result of violence. Without women's equality, we will never end violence in the province of Ontario.

We agree that gender equality needs to be reflected in every aspect of how our society operates. The overarching principle is that everybody has the right to work and support ourselves, and gender equality implies not only equal distribution between men and women in all domains of society, but ensuring that the knowledge and experience of both men and women are used to promote progress.

We would like to see special attention paid to this area, such as a provincial office of women's equality, such as exists in the province of New Brunswick. We would also suggest more investigation into a minister responsible for gender equality or perhaps a gender equality ombudsman.

Tracking data over time and monitoring trends can help support everybody who is designing and implementing programs to better evaluate their programs, and this data could be used also to inform requests for funding.

We really support the gender equality framework that is cross-cutting in government and is set up within a supported framework to make a difference to all Ontarians in assisting the end of sexual assault and harassment.

The Chair (Ms. Daiene Vernile): Thank you. Just a reminder to our committee members that we've gone to a shorter format, so we have a total of five minutes for all our questioning. I encourage all MPPs to be very concise with your questions.

We begin with our NDP caucus.

Ms. Peggy Sattler: Thank you very much for that great presentation and those very concise and clear recommendations. That's very helpful to the committee.

On page 2, your first recommendation talks about not pressuring women to lay charges in a short period of time, and it used the example of rape kits being stored for up to six months. Is it your view that six months is an appropriate window? When you're looking at the time frame for charges being laid, what would you recommend?

Ms. Anu Dugal: Most women are going through a healing process for up to a year after a sexual assault or any kind of abuse. Although they may be ready after six months, certainly after a year they are much more likely to be able to go through a reporting process that requires them to have an emotional distance from the abuse they experienced.

Ms. Peggy Sattler: So the kits should be kept longer?

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question is from our Liberal caucus—

Ms. Barbara Gosse: One year.

The Chair (Ms. Daiene Vernile): I'm sorry; I've got to stay on schedule because we have so many people this afternoon. Our Liberal caucus?

Ms. Harinder Malhi: Thank you again for your presentation. I know that you have a seat at the VAW table with Minister MacCharles.

Ms. Anu Dugal: That's right.

Ms. Harinder Malhi: I just wanted to ask you a little bit more about what you think of the It's Never Okay action plan.

Ms. Anu Dugal: The action plan, we think, is excellent. We do think it would be much more effective with the cross-cutting, gender equality approach that goes all the way through government, which would make the impacts a lot higher. I don't know if you want to add something to that.

Ms. Barbara Gosse: Some of our recommendations here today speak to that as well, in terms of making sure that judges are trained. All of the judiciary and all of law enforcement needs to be trained because women will be going through that system, so that's very important. But generally it's a positive action plan with accountability measures, and we see that as really, really moving forward in a good direction.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you are from our PC caucus.

Ms. Laurie Scott: Thank you, Madam Chair. Thank you for your excellent presentation. I know you touched on it lightly here about human trafficking. I've been working on that issue. I know you issued a report in 2014. Where do you think an increase in funding could best serve as an investment to putting an end to human trafficking in Ontario? You talk a lot about the cost in lost opportunities in the province. I'll just let you go, because we don't have much time.

Ms. Barbara Gosse: Thank you. I think, first and foremost, that public awareness and education are very, very important. I think a practical application, a framework for doing that in Ontario, would be good. We are following through with stakeholders now. We've just finished an Ontario regional round table with a number of different stakeholders from 17 different agencies. But there needs to be a lot more investment in that and there needs to be investment in looking at how data is collected across stakeholders as well.

We don't have any national data collection mechanism now. We need to look at how we do that and how we're speaking the same language when you're talking about trafficking, and supporting survivors as well.

We also need to look at how we can create community plans to increase awareness through schools because we found that the age of most victims is around 14. We've just recently heard from law enforcement that 11-year-olds have been found as well. It's an abhorrent, awful evil that exists, and more needs to be done.

The Chair (Ms. Daiene Vernile): I thank you very much for coming and speaking to our committee today. I invite you to join our audience, if you wish to, to take in the rest of the presentations.

WOMEN'S MULTICULTURAL RESOURCE AND COUNSELLING CENTRE OF DURHAM

The Chair (Ms. Daiene Vernile): I'll now call on the Women's Multicultural Resource and Counselling Centre to come forward.

Please have a seat. You will have 15 minutes to speak to our committee, and that will be followed by questions. Begin by telling us your names and start after that. Thank you.

1550

Ms. Esther Enyolu: Okay. My name is Esther Enyolu.

Ms. Atiyya Bacchus: Hi, everyone. My name is Atiyya Bacchus.

The Chair (Ms. Daiene Vernile): And begin.

Ms. Esther Enyolu: Good afternoon, distinguished and honourable members of the Select Committee on Sexual Violence and Harassment. Ladies and gentlemen, it is a privilege to be here this afternoon to make this presentation to the committee. As I mentioned, my name is Esther Enyolu. I am the executive director of the Women's Multicultural Resource and Counselling Centre of Durham, WMRC. As the executive director, I report directly to the board of directors, which consists of nine individuals: seven women and two men. I supervise a group of volunteers, student interns and staff who directly deliver services and programs to women, youth and children.

I am here with my colleague, who is also a member of the board of directors of the organization, Ms. Atiyya Bacchus. She will also be doing a presentation.

WMRC of Durham was established in 1993 as the Women's Rights Action Coalition of Durham, WRAC. The organization's name was changed to the Women's Multicultural Resource and Counselling Centre of Durham in 2003 to effectively reflect the population that the agency provides services to. The organization was established after a needs assessment study by Rahder and associates in Durham region in the early 1990s indicating a lack of service in this area and a need to establish one.

WMRC of Durham region is a registered charitable organization dedicated to providing specialized counselling and support to women of all ages and their families from diverse backgrounds to eradicate violence, to rebuild their lives and to enable them to become contributing members of society.

Even though it is located in Durham region, we are mandated to also deal with issues in the greater Toronto area. We've prepared some statistics on the clients we saw for the past six years who received one-on-one support and counselling from the agency. These are only the statistics for counselling. We also have other programs that women, children and youth participated in. In 2009, we saw 184 clients; in 2010, 172; in 2011, 122—and they are all listed.

We are not presenting to you as experts, but as feminists; community mobilizers; women's rights activists;

advocates for women, youth and children; diversity educators; social justice advocates; and experienced individuals who have been working in the field for many years.

Violence against women and sexual harassment is universal. Even though we are here in Canada dealing with this issue, it is not only unique to Canada or to Ontario. It happens across the nation; it happens all over the world.

Violence against women and the crime of sexual harassment, including sexual assault, cuts across all racial, social, cultural, economic, political and religious backgrounds. We have to look at the role of patriarchy in shaping the social conditions of women and how women and girls are treated in our society. Patriarchy ideology is a form of social organization marked by the supremacy of male power and control, male privilege and exploitation of women based on gender.

I will pass it on to my colleague to continue from here.

Ms. Atiyya Bacchus: Good afternoon, ladies and gentlemen. My name, as I said before, is Atiyya, and I'm really happy to be here to speak to you about sexual harassment and the importance of talking about this issue.

One of the key things to begin with is to define what exactly sexual harassment is. In the Ontario Human Rights Code, sexual harassment is "engaging in a course of vexatious comment or conduct that is known or ought to be known to be unwelcome." To add to this, there's a specific type of sexual harassment that is called gender-based harassment; this is "any behaviour that polices and reinforces traditional heterosexual gender norms." These two points are very important in talking about sexual harassment because they are the pivotal points in solving this issue, to understand how we can target this issue and also solve the problems inherent in harassment.

Why do people follow gender-based harassment? It's often used to reinforce traditional sexual stereotypes, so to perpetuate the idea of dominant males and subservient females. It's also used as a bullying tactic between members of the same sex.

There are different types of sexual harassment. These include sexual solicitation and advances; a poisoned environment; gender-based harassment, which is targeting someone for not following their sexual stereotypes; and also violence. Violence would be inappropriate sexual behaviour that, if you don't deal with it, can lead to more serious forms such as sexual assault and other types of violence.

I wanted to bring to your attention a few facts that I found. These facts are from different studies that were conducted across Canada. I think they're very telling of what the issues are and what we need to focus on. In North America, one in four women will be sexually assaulted in their lifetime; that's one in four women. Of the sexual abuse and assault victims, 60% of them are under the age of 17. That's only two years younger than I am, and that's 60% of the assault victims. Of sex crimes, 80% are perpetrated towards women, and 80% of sexual assault incidents happen at home. The home is where everything is, right? If your home cannot be safe against

sexual harassment and sexual assault, where else could you be safe? Some 15% of sexual assault victims are boys under the age of 16, and 83% of disabled women will be sexually assaulted during their lifetime. In addition to all of these, 57% of aboriginal women have been sexually assaulted, and 80% of assailants are usually friends and family of the victim.

From these statistics, you can get a few generalizations. The first is that sexual assault is far more common than we would suspect in our society. Relatively few incidents of sexual assaults are reported to the police. Young and otherwise vulnerable women are most likely to be sexually abused. Most sexual assaults are committed by someone close to the victim and not a stranger.

Right now, we are in an incredible position to help change this reality to help reduce instances of sexual harassment and assault and to provide resources to people who have been impacted. I realize that these just seem like a collection of numbers and statistics, but this is happening in Canada, in our communities and in our families. This is happening right now.

Last week, there was a lot of publicity on the external review of the Canadian Forces from an investigation that was led by the former Supreme Court Justice Marie Deschamps. It reported a highly sexualized culture in the Canadian Forces that is hostile to women and LGBTQ members. There is a large proportion of incidents of sexual harassment, misconduct and assault in the military that are not reported. In addition, both training and procedures that deal with the aftermath of sexual harassment are ineffective.

I think this example really highlights the widespread nature of sexual harassment. It doesn't only impact vulnerable community members but also large institutions.

How can we move forward? We need to diminish stigma, to reduce shame and to encourage people to report incidents. We need to promote education, so that people can identify harassment. We also need to have resources that support victims of harassment.

Thank you for your time, and I'll be handing it over to Esther.

Ms. Esther Enyolu: Thank you. I know we've written a lot, and we have so little time to present—

The Chair (Ms. Daiene Vernile): You have five more minutes left.

1600

Ms. Esther Enyolu: Okay, good.

Sexual harassment is against the law; it is in the book. I will skip it because you can always read it.

I will go to the next one: Who is affected? The code protects both men and women from sexual harassment, but women are more affected than men. International human rights conventions and Canadian legal decisions have recognized sexual harassment as an abuse of power that can reinforce a woman's historically lower status compared to men.

Sexual harassment can happen in all social and economic classes, ethnic groups, jobs and places in the community. No place is immune from sexual harassment.

A person may be more vulnerable to sexual harassment if they identify by other code grounds, such as race, sexual orientation, disability and so on.

Also, sexual harassment can have a worse effect if it is combined with discrimination or harassment based on other code grounds of the Ontario Human Rights Code.

Irrespective of the fact that all women, regardless of race, ethnic and social identity, religion, class, sexual orientation, ability etc., experience violence and sexual harassment, some groups have been identified for being at greater risk.

The impact of residential school experiences and social and economic marginalization of First Nations women put them in vulnerable situation. There are currently more than 1,000 cases of missing and murdered First Nations women which have not been solved.

We must reiterate that all women, including lesbians, bisexuals, transgendered, transsexuals, intersex, queer, questioning, two-spirited, allies, youth, immigrant and newcomer women, racialized and sex-trade workers, tend to be more vulnerable to sexual harassment and assault.

Coming from a feminist-informed, anti-racist and anti-oppression theoretical framework, we have to put into consideration the impact of trauma in the lives of women and young women. The barrier that some of these women encounter in trying to access community services, the shame associated with the issues they are presenting, including blaming from society for being the cause of what happened to them: Often we hear people making comments like, "If she dresses in such a way, she is asking for it," or, "Why was she there at that time of the day? Didn't she know that men are like that?" There should be no excuse for such action. The ethical dilemma is that perpetrators of violence against women should be held accountable for their actions. The victim needs not to be blamed and feel revictimized.

I have accompanied women survivors of sexual assault or sexual harassment to court. The questions those women were asked seemed humiliating. They were made to feel that they triggered the assault. As a result, many women tend to be reluctant to bring forward allegations of sexual harassment or sexual assault. In some cases of workplace harassment, women have been asked to bring a witness; if not, she will be targeted at work. Those women often are forced to leave their jobs or the environment for safety.

Schools and campuses remain an environment where girls experience a high incidence of sexual abuse and harassment. In our work at WMRCC of Durham, we have always remained firmly grounded in raising awareness on issues of violence against women and girls. We work on impacting policies, programs and services for women.

The Chair (Ms. Daiene Vernile): You have one minute left for your presentation.

Ms. Esther Enyolu: This is the time for a paradigm shift. Women have been silenced for a long time. We need to pull resources together to support women and encourage them to bring forward allegations of sexual ha-

arrassment irrespective of the environment that the incident took place in.

We have put some recommendations in place for the select committee, and we are hoping that you take the recommendations into consideration. WMRCC of Durham will like to put some of these recommendations to the provincial government with the hope that they should be implemented.

(1) Develop status of women committees at universities and colleges to deal with issues of sexual assault and sexual harassment, including complaints of unfair treatment due to gender, race, ability, sexual identity, religion etc.

(2) Establish a task force on sexual assault and sexual harassment;

(3) Re-establish a Sexual Assault Awareness Month campaign. In the early 1990s, the Ontario Women's Directorate used to give to women's groups a grant of between \$1,000 to \$2,000 to do public education awareness on sexual harassment. This issue is not going away soon, because every time in the media, we see institutions every day—there is never a day we don't hear issues of violence and issues of sexual harassment, including in institutions like the military and so on. It is a very serious issue;

(4) Implement special training on issues of violence, sexual assault and sexual harassment for judges, crown attorneys, law enforcement officers, hospitals, schools, universities and colleges in Ontario;

(5) Ensure policies have gender equality, equity and anti-oppression language that includes gender, race, class, sexual orientation etc.;

(6) Harassers need to understand that unwanted sexual advances, touches, comments etc. cannot be tolerated; and

(7) Sexual assault and sexual harassment is a serious crime and must be treated as such. Harassers need to realize that no means no. When a woman or a girl says no, she should be respected.

Thank you so much. On behalf of the board of directors, staff and volunteers, including the women, youth and children who turn to us for support, I would like to thank you for the opportunity to be here this afternoon to present to you.

The Chair (Ms. Daiene Vernile): Ladies, you went a little bit over, and unfortunately we don't have time for questions. But if any of the caucus members would like to speak with these ladies directly, I encourage you to do that now.

Thank you very much. If you wish, you can join our audience now and hear our next presenters.

PARENTAL ALIENATION AWARENESS ORGANIZATION

The Chair (Ms. Daiene Vernile): I would like to call upon the Parental Alienation Awareness Organization to come forward. You will have 15 minutes to address our committee, and that will be followed by questions. Please start by stating your name and continue after that.

Mr. Brian Ludmer: Certainly. My name is Brian Ludmer. I'm obviously a lawyer and I do a lot of work in the area of troubled families, which the Parental Alienation Awareness Organization attempts to assist through education and awareness. I'm an advisory board member of that organization and several other organizations that attempt to assist families in crisis in this way.

Rather than give you a formal prepared presentation—I do enough of those—given that it's 15 minutes, what I thought I'd do is share with you what this troubled state of affairs is doing currently to parents and to children. I'm going to address not the problems of our current family law system, but what you're focused on, which is issues of domestic violence or, in some cases, what some people are calling domestic violence by proxy: Using the children to get back at the other parent, an all-too-common occurrence.

What we've come to understand is that emotional abuse, emotional harm, psychological manipulation of children can be even more damaging than physical violence. It leaves lasting scars that are unseen. The Toronto Star is running a series this week on mental health issues and mental health issues pertaining to children. We don't know how much of that is as a result of children being triangulated into their parents' disputes, but there is no doubt from the professional literature, the anecdotal literature and the therapist communities that it is traumatizing our children. So while the focus of the committee might be on adult-to-adult violence, physical and emotional, the toll on our children is terrible, and our children are tomorrow's adults. The lifelong scars that these children are suffering during their childhood, because we're not protecting them from the inter-parent warfare, does leave lasting scars, and these scars are very difficult to heal.

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I'm going to come back to the children and the effect, but let's talk about the parents, because the focus of our family law infrastructure and our family law statutes is on the children. We don't even have a constitutional right to parent in Canada, the way, to some extent, they do in the United States. Our Supreme Court, in some leading jurisprudence, has said that it's all about the best interests of the children and not the rights of the parents. Given that infrastructure, we have an all-too-common occurrence of one parent getting back at the other parent for perceived slights during the marriage through the children, and we don't get enough, in the reported literature, of what that is doing to the parents because of jurisprudence, and most of the work on troubled families, is focused on the children—and rightly so.

But let's think about what this is doing to the parents. Ask anyone who's gone through a difficult divorce whether they've been able to concentrate on their job during the many years that that takes, whether they've been the best parent they can be while they're going through that, whether they're the best friend they can be, whether they're the best new partner they can be. They can't be because they're undergoing trauma in its worst

sense. It's probably impossible to quantify the impact on our economy. Our statistics are similar to the those in the United States in that north of 40% of marriages won't make it, and other relationships that don't result in marriage, I'm sure, have similar stats, maybe even higher stats. So if they don't end well, and many times they don't end well, you're going to get this sort of trauma going on with the children used as pawns—

The Chair (Ms. Daiene Vernile): Mr. Ludmer, I just want to interrupt here. I'd like to remind you of the mandate of this committee. We're examining sexual violence and sexual harassment. We hear you talking about child custody issues and the kind of trauma that children sometimes experience when there is a dispute between parents. So can you and are you able to speak directly to our mandate, which is sexual violence and sexual harassment? Thank you.

Mr. Brian Ludmer: If it's limited to sexual, I guess the issue becomes one of false allegations, as opposed to the real allegations. The mandate of this organization, of course, is to speak to awareness of this type of psychological trauma, and if the committee is only going to examine physical—is it within the mandate of the committee to examine physical violence that's non-sexual?

Mr. Taras Natyshak: No.

The Chair (Ms. Daiene Vernile): No—

Mr. Brian Ludmer: Just strictly sexual?

Ms. Eleanor McMahon: Sexual violence and harassment.

Mr. Brian Ludmer: And harassment? Okay. Well, let me address the harassment part.

Harassment without a sexual connotation clearly is encompassed within the mandate of PAAO, because that's what's happening. There is no peace, in that sense. You are constantly being reminded of the other person's intrusion into your life by what it is that they're doing to your own relationship with your own children. And it is a particularly cruel type of harassment because of the daily reminders, both in terms of how the children are acting toward you and also what you're missing out on because of the total exclusion. So, for example, you'll find that all third parties are told that you're not part of the child's life, and everywhere you go, you're not welcome. They have no record of you. You can't get information. So you're reminded on a daily basis that you're a non-person, and your former partner, your co-parent, is the one doing this to you, and there's some sort of perverse pleasure in all these things. We see the same things being done every time—attempts to change the child's name, denying you information. You are unwelcome everywhere. You show up at an event where your children are going to be and it's quite clear that they've gone ahead and everybody has been either poisoned against you or there are rumours about you or that you're not involved in your child's life. The first assumption is that you're not a good person and you're not a good parent because why wouldn't a child have a relationship with a good parent?

It is psychological warfare of the worst part. It's harassment that you feel 24 hours a day even through the

loss of what you had before. It's a particularly cruel type of dominance and control. You can't even grieve the loss of your child because your child is still alive; you're just excluded. It does manifest itself in all the ways I've described, including showing up at school and there's an assignment on the wall and your child has the last name of your former spouse's new partner. That hurts. This does induce a particularly difficult sort of trauma on parents going through this. It's hard to imagine a more cruel or pervasive type of harassment than getting back at someone through the children.

In anybody's books, that sort of emotional abuse and inflicting that sort of trauma is as violent as any pure physical act. When you study the neuroscience and what's happening in the brain, that sort of repeated emotional trauma does produce physical changes in the brain. We now understand that repeated emotional abuse of this sort is actually a physical injury because our brains are fairly plastic right through our lives. There's a direct correlation. It doesn't sound like it until you see this with your own eyes, but I deal with clients every day who are despondent, crushed shells of the person that they used to be. It's hard to imagine a more vicious sort of harassment than to deprive someone of their child in this way.

To the extent that the committee is looking at our legislative infrastructure in whatever statute might touch on these issues, not just family legislation but others, this is something that merits consideration. I'll turn it over to you.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first question for you is from our Liberal caucus. MPP McGarry?

Mrs. Kathryn McGarry: Thank you. I'm needing to bring it back to our mandate of sexual violence and harassment.

Mr. Brian Ludmer: Sure.

Mrs. Kathryn McGarry: In your opinion, does this emotional trauma in childhood become a root cause of sexual violence later on in life, a predictor of that?

Mr. Brian Ludmer: The psychological literature—we do have some true mental health experts here—does show that there's an intergenerational transmission of this sort of trauma. If you are yourself a victim of this sort of abuse, then it becomes normal—a normal way one reacts to things—and so it does get perpetuated intergenerationally. We see people going through this and then they do it to their own children or they do it to their spouse as well. That's fairly well established in the literature.

Mrs. Kathryn McGarry: Thank you.

The Chair (Ms. Daiene Vernile): Thank you. Our next questions for you are from our PC caucus.

Mr. Randy Hillier: Thanks for being here—interesting subjects that you're raising now. Again, we need to focus on the mandate of this committee, but all the evidence that we've seen and heard, that I've seen and heard, gives credence that those engaged in sexual assault or sexual violence and domestic assaults today were also subject to trauma or similar circumstances in their youth. I think that's the important part, here, of what you bring to the table.

The experience that you've had dealing with parental alienation: How much of that would be involved with sexual assault or domestic assault specifically? In the cases of children alienated from parents has one parent or the other either been assaulted or had allegations of assault? Is that in most cases or some cases or a preponderance of cases?

1620

Mr. Brian Ludmer: There is a body of literature on the intergenerational transmission of trauma that would suggest that a parent capable of doing this—using a child as a pawn in this way and enmeshing themselves with the child—was themselves sexually abused at some point in their childhood. It devalues relationships that are meant to be lifetime. It is the ultimate breach of trust, of course. Somewhere—either in the immediate generation or one generation back—there's a body of mental health literature out there that suggests the intergenerational transmission of trauma with a historical root in sexual violence of some sort. I can't really speak to it more than that, but a lot of the mental health practitioners that I deal with seem to subscribe to that view.

What we do know, to your point, is that tomorrow's perpetrators of "name the crime" are today's traumatized children, for various reasons.

The Chair (Ms. Daiene Vernile): Thank you very much. The final question for you is from our NDP caucus.

Ms. Peggy Sattler: We're passing.

The Chair (Ms. Daiene Vernile): Thank you very much. We invite you to join our audience, if you wish to.

DR. SOL GOLDSTEIN

The Chair (Ms. Daiene Vernile): I will call on our next presenter this afternoon. Sol Goldstein, could you please come forward? You'll have 15 minutes to address our committee, and that will be followed by questions for you. Please start by stating your name, and begin any time after that.

Dr. Sol Goldstein: My name is Sol Goldstein. I'll take the liberty at this stage to give you my credentials in that I'm an adult and child psychoanalyst, psychotherapist and psychiatrist. The child interest is that I've trained in child and adolescent psychiatry. I've been doing assessments of divorcing families since 1968, when I came here to Canada.

While doing these assessments, we were somewhat aware of the strife and what families could do to one another, especially the use of the children.

The Chair (Ms. Daiene Vernile): Mr. Goldstein, I'm going to step in and once again remind you that the mandate of this committee is to examine the issue of sexual violence and sexual harassment. We've heard from a number of witnesses today who have gone along the same lines that you are about to speak to us. So I encourage you to speak to us about our mandate.

Dr. Sol Goldstein: I'm well aware of that, and I will bring that in a second. I will speak to it; I just would refer

you to read this pamphlet that I handed out and then I'll go away from it and deal with the sexual violence.

First of all, let me just tell you the story about a psychoanalytic patient that I had who was a young, university student who had just failed out and could not get back in. The reason why she could not get back in, or why she failed out—she could not complete examination questions; she could not complete essays. She could do wonderful work, but could never come to a conclusion. In looking at some of these things, I came to recognize with her what had happened and when this had happened in her life. She had been a child who had been alienated and the subject of alienation.

Then we come to something that's very, very important here and what we're dealing. Anybody who does any sexual abuse or any sort of abuse of another person puts their needs and their wishes ahead of those of anybody else. They do not see the other person as much as they see their need to satisfy themselves. Does this have anything to do with sexual abuse? Yes, it does. The person who does this, the perpetrator, is quite often—I can't say "always" but the children who have been triangulated, and have been alienated from one parent, are highly primed to be those sorts of people.

Interjection.

The Chair (Ms. Daiene Vernile): Yes, Mr. Natyshak?

Mr. Taras Natyshak: Chair, if I may interject, I believe we're wavering off the mandate of the committee once again. I have given a cursory review of the material that you've provided to us, Mr. Goldstein. I understand what you're attempting to inform us of, but we are here to investigate and to listen to information and testimony specifically around sexual abuse and sexual assault, without correlation to domestic disturbances. We understand that in some instances there may be—and through your practice you may have been involved in some—but I see no references or peer-reviewed studies in your presentation that would inform us of scientific evidence of this, and I have to call into question the testimony and the relevance to this committee.

The Chair (Ms. Daiene Vernile): Thank you, MPP Natyshak.

Are you prepared to speak directly to our mandate and continue, or would you like to have some questions from our committee?

Dr. Sol Goldstein: I would be very happy to answer questions from your committee.

The Chair (Ms. Daiene Vernile): Okay. We're going to begin with our PC caucus.

Do you have any questions for Mr. Goldstein?

Mr. Randy Hillier: Yes. I think, along the same lines as the earlier presenter, Mr. Ludmer: Knowing that tomorrow's abuser is today's victim—and this would have been probably a better question for somebody from the legal profession than from yours—are you seeing things in our present court system that either amplify the problem or fail to address the trauma that children are experiencing today that might or probably would lead them to a lifestyle of causing abuse themselves later on?

Dr. Sol Goldstein: If we're looking at abuse, with all due respect, do we not want to understand some of the reasons why people abuse, what happens to them that causes them to abuse? If one is abused and, very specifically, if a person is taught certain things in their life, and if their ability to think clearly, to think critically, to appreciate what they are seeing and to have the freedom to say, "This is what I see, and I don't have to fear and act out instead"—then we would go a long way. There's a lot of education that's needed in this way.

If you're asking me about the court system, our court system here is much too lenient in dealing with those—

Mr. Randy Hillier: Too lenient?

Dr. Sol Goldstein: Too lenient in dealing with parents who enmesh their children and take away their power to think.

The Chair (Ms. Daiene Vernile): Thank you. Our next questions for you are from our NDP caucus.

Mr. Taras Natyshak: Sir, I truly appreciate your time here today and your willingness to come and testify before the committee. We've heard from many deponents throughout the several weeks that the committee has been constructed, and I've yet to be able to make the correlation between the tumultuousness of divorce and the proceedings of divorce that we all know are also prevalent in society being a trigger to domestic violence, sexual violence or sexual assault or abuse. It's difficult to make a generalization like that, and that's simply where we are at. We see systemic issues; we see cultural issues; we see socio-economic issues through the divorce proceedings. However, I think your information and your expertise would have more impact through a committee that dealt with the legalities of divorce and the mechanics through the province in that sense.

Dr. Sol Goldstein: Sir, I do not want to argue with you, but there is part of it, if I could allow you to understand what is demanded of the child who is being alienated: That leads directly to changes in the brain and the thought processes which would allow one to do anything to anyone if they feel they need to do it.

Mr. Taras Natyshak: Thank you.

The Chair (Ms. Daiene Vernile): Thank you. Our final questions for you are from our Liberal caucus.

Mr. Han Dong: Thank you, Madam Chair. Mr. Goldstein, I don't have a specific question per se, but I just want to make a comment. I see what you are trying to do in bringing awareness to parental alienation, and I appreciate the effort and the passion on this subject.

1630

I too echo my colleague from the NDP caucus. My personal feeling is that the mandate of this committee—we want to be focused and really find out the causes and hopefully some solutions to the culture of sexual harassment and sexual violence. But I do appreciate the fact that you are so passionate about this issue and bringing it forward to the attention of the Legislature. Thank you very much for being here. I don't have any questions for you at the moment.

The Chair (Ms. Daiene Vernile): Thank you very much. We invite you to join our audience if you wish to do so.

CANADIAN CHILDREN'S RIGHTS COUNCIL

The Chair (Ms. Daiene Vernile): I will call on our next presenter this afternoon. With the Canadian Children's Rights Council: Grant Wilson.

Mr. Grant Wilson: I have two more articles here—

The Chair (Ms. Daiene Vernile): Mr. Wilson, just to be clear, I'm going to restate for you and the other members of our audience this afternoon that we are here to make recommendations to the Legislature with respect to the prevention of sexual violence and sexual harassment and to improving our response to Ontarians who have experienced sexual violence and sexual harassment. This afternoon we are speaking directly about this issue. You'll have 15 minutes to make your presentation to our committee, and that will be followed by questions. Please begin any time.

Mr. Grant Wilson: Madam Chair, does that include children who are sexually abused?

The Chair (Ms. Daiene Vernile): If you are here to talk about children who are sexually abused or sexually harassed, we welcome that information.

Mr. Grant Wilson: I have two more submissions, which are articles from the Globe and Mail and a national survey, which I'd like to submit as well. I have enough copies here for everyone, I believe.

The Canadian Children's Rights Council has the most visited website in Canada pertaining to the rights of Canadian children. Each month we have visitors from over 160 different countries. We have more visitors relating to Canadian children's rights than any other organization that you've come across, such as UNICEF or Save the Children.

One of the sections that gets a lot of attention is our section on female sexual predators. It has been quoted in the Washington Post and many, many times over the Internet. Now there are more people dealing with this issue. It has become more common. We have included in our submissions part of our webpage on that, which I think should interest you. If more people were aware of female sexual predators, people like Karla Homolka perhaps would not be walking free today.

The Canadian Children's Rights Council is mainly unpaid volunteers. The people who volunteer are usually people who had an experience with a child's rights issue when they were younger and therefore they're very concerned about these particular issues.

We have substantial research on our website, which you can read. According to the Lucy Faithfull Foundation in the UK, a child protection charity that deals exclusively with female perpetrators of sexual violence, 20% of the perpetrators are females.

The American Humane Association, responsible for gathering yearly reports from 50 US states' child protec-

tion agencies from 1973 to 1987 on child sexual abuse, found that 20% of substantiated cases of child sexual abuse were by women.

In this webpage we have highlighted some of the prejudicial wording which is just sexist. In all these newspaper articles—and our website is an archive of these articles so that people writing about this, law students researching it and journalism students can see all of this and our analysis of it. There are hundreds of articles on this, about female sexual predators. The wording on these is so prejudicial, it's incredible. If anybody ever wrote that a 40-year-old male teacher had a tryst or an affair with a 12-year-old girl, you would think it was absurd. But, yet, when you read these articles, this is exactly what's happening in these articles where news people are saying this female teacher had an affair with a 13-year-old boy. It's incredible.

We've provided you with four videos. One of them is a documentary from CTV from 2001 which is by two female documentary filmmakers from BC. It is extremely informative. They talk about why only 5% of those convicted are female sexual predators. It goes through many situations that people run into. It also talks about a study of university students where they were asked if they had any sexual contact with someone more than five years older than them while they were under 15 years of age themselves. Of those that have had sexual contact with somebody more than five years older, 59% of that was with women.

The videos I talked about include a First Nations one where a female is talking about when she was sexually assaulted by a female member of the family. Such shows as the Oprah TV show on female sexual predators has been included.

You can understand that mainstream media is gradually opening up to the truth that female sexual predators are around. We're seeing many more teachers and other females in positions of responsibility over children now being convicted. We've now got a web page which has over 200 female teachers and people like that that have been convicted of sexually molesting children. Also, if you look at these web pages too, you'll see the patterns on these and the differences that are quoted in these studies regarding those.

In 2008, the Attorney General of Ontario funded the first conference—I believe it may be the first in Canada, although it was called the first one in Ontario—for male victims of sexual violence. I've included the cover page from that: Men of Courage. On that second page, you'll see the Canadian Children's Rights Council mentioned doing the PR for this. I think about 600 people attended this, it was at the hotel across from city hall in Toronto. There were many media releases on this well in advance, as well as immediately before this conference. I personally phoned up the Toronto Star and other newspapers in Toronto to come and cover this. It was a multi-day conference. The only newspaper that ever turned up was the Toronto Sun. This isn't of interest. Assignment desks told me personally that they don't wish to cover it

if it was male victims of sexual violence. That's terrible. There are people here talking about how they were victims of—this was a world-class conference which had a profiler from the FBI who had been on numerous American TV shows explaining to this audience about who's doing this kind of violence against male victims. It was a tremendous resource for anybody, and yet the media wouldn't even cover it because it was male victims. I was astounded by that. I just couldn't believe it.

Now, Sheldon Kennedy, who has gone on to become a member of the Order of Canada, I believe, was one of the speakers as well, talking about his experience of being violated as a young hockey player. He was one of the speakers at this conference as well as many others who were very well-known.

In the materials that I've supplied you is a report called *The Invisible Boy*. This was put out by Health Canada in 1996. It's 77 pages. In there it says, "Despite the fact that over 300 books and articles on male victims have been published in the last 25 to 30 years, boys and teen males remain on the periphery of the discourse on child abuse. Few workshops about males can be found at most child abuse conferences and there are no specialized training programs for clinicians. Male-centered assessment is all but non-existent and treatment programs are rare. If we are talking about adult males, the problem is even greater. A sad example of this was witnessed recently in Toronto. After a broadcast of *The Boys of St. Vincent*, a film about the abuse of boys in church-run orphanages, the Kids Help Phone received over 1,000 calls from distraught adult male survivors of childhood sexual abuse. It is tragic in a way no words can capture that these men had no place to turn to other than a children's crisis line."

1640

The Chair (Ms. Daiene Vernile): Mr. Wilson, would you like a moment?

Mr. Grant Wilson: I guess we don't have too much time, so I'll just try to get ahead here.

I've included an article here which is a rather surprising study in BC, published in the *Vancouver Sun*—at least an article regarding the study was published in the *Vancouver Sun*. This article explains the unusual findings that came out of this study by the University of British Columbia. The principal investigator of this study was Vancouver's McCreary Centre Society. It goes over the fact that female sexual predators are abusing boys, homeless boys, at a rate that they just found unbelievable. The headline is "3 in 4 BC Boys on Street Sexually Exploited by Women."

Anybody who watches that video, *When Girls Do It*, about sexual predators, will come to the conclusion that boys need help—that men deserve help and that there should be specialized assistance to them.

After this conference that was paid for by the Attorney General of Ontario, the funding has been basically non-existent, or very little since then. It's insulting to men. The Attorney General stood up and thought they were doing men and boys a favour by coming up with some-

thing like \$140,000 in funding over a three-year period to fund the Men's Project in Ottawa, who put on this conference. They should be funded so that they can continue the good work that they were doing by both the province and the federal government. This is just outrageous. These people don't get this kind of—

The Chair (Ms. Daiene Vernile): Mr. Wilson, you have one minute left in your presentation.

Mr. Grant Wilson: I bring your attention to environmental design for the purpose of preventing sexual violence. In particular, there are current designs which you can go and see such as at the Regent Park Aquatic Centre, where all genders can change and use washrooms. They're all-gender washrooms and change rooms, so the parents can better supervise their children, no matter what their sex is, very closely and in circumstances that are very open and transparent. These kinds of things should be mandated in law. We now see an all-gender washroom in a Toronto high school. There are experts on the environmental aspects of preventing that. So this provides for caregivers and parents to better evaluate these washrooms, to have them all-gender and where it's much easier for everybody to use. So I encourage you to look at that as well.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first set of questions for you is from our NDP caucus. Do you have any questions?

Ms. Peggy Sattler: No, we have no questions.

The Chair (Ms. Daiene Vernile): Our next questions for you are from our Liberal caucus.

Mrs. Kathryn McGarry: We're really not here to debate male or female, or anything else. What we're here to do is to look at how, as a society, we prevent sexual violence and abuse in our society. Can you—

Mr. Grant Wilson: I think that starts with becoming aware.

Mrs. Kathryn McGarry: Okay.

Mr. Grant Wilson: And that's what I'm doing. I'm showing you that the people who need it aren't getting the attention and awareness, because people are biased against it and don't think it exists. In fact, my opinion is that because there are more female police officers—and this is the opinion of experts on this—they are realizing that for these young males who are having sex, it isn't the thrill of their life at 12 years old; this is extremely damaging to them.

Mrs. Kathryn McGarry: I would say that we are certainly aware of the issue, and that's why we're looking, as a society, at how we prevent all sexual abuse of all individuals.

Thank you very much. No further questions.

Mr. Grant Wilson: It starts with awareness, and that's what I'm trying to do.

The Chair (Ms. Daiene Vernile): Thank you. Our final questions for you are from our PC caucus.

Mr. Randy Hillier: Thank you very much. I think that is the key to this. It's just for people to be aware that sexual assault and sexual violence comes in many, many shapes and ways, not just the predominant or the one that

is seen all the time. I want to thank you for bringing that awareness to this committee, and those studies. Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you for appearing before this committee.

I will now call on our next witness, and that is Cordelia Huxtable. Please come forward.

Committee, we're going to have a five-minute recess as we wait for our next presenter to join us.

The committee recessed from 1647 to 1653.

MS. CORDELIA HUXTABLE

The Chair (Ms. Daiene Vernile): The Select Committee on Sexual Violence and Harassment will reconvene.

I would like to call our next witness, Cordelia Huxtable. Please come forward. Make yourself comfortable. You will have 15 minutes to speak to our committee and then that will be followed with questions from our committee.

Ms. Cordelia Huxtable: Perfect.

The Chair (Ms. Daiene Vernile): Just start by stating your name.

Ms. Cordelia Huxtable: Sure. Sorry, these are my handouts. They just arrived as well.

My name is Cordelia Huxtable. I am a front-line worker, an advocate and a survivor. I sat in the audience here two weeks ago, and I found the shared submissions so moving and inspiring that, the next morning, I called and decided to book one, to present my own.

I've spent the last two weeks wrestling with myself, to write this submission. This feels scary because you know that rape is a bit of a conversation-stopper. Even though I work in this field and I speak about rape on a daily basis, I know that these conversations tend to happen "in bubble," in this protective sphere of feminism and sex positivity.

Outside of this bubble, no one talks about rape. In my experience, it is rare that people want to hear from survivors. It is even more rare that parliamentary committees are interested in experiences, stories and recommendations from such a hushed population. So, thank you. I feel grateful to you for creating this opportunity.

In my submission today, I'm going to talk about my experience surviving rape, and the volunteer work I now commit my time to. I'll make three recommendations as we go through and then sum them up at the end.

My rape took place over a June long weekend almost four years ago. I had arrived in Canada two weeks previous and, as newcomers do, stayed at a hostel while looking for an apartment on Craigslist.

My rapist was a successful, confident young man, who owned a two-bedroom apartment and was looking for a roommate. We met beforehand, chatted and got on pretty well, and I moved in the next day. He picked me up from the hostel, drove me back to his place and toasted me with a "welcome to your new home" drink. Two drinks in, I blacked out.

I have no memory of that first assault. I believe he dragged me.

The next thing I remember is waking up in his bed in the morning, dazed, confused and scared. I felt like I was watching everything as an impartial outsider: I had some realization that I had been raped, but it didn't register. He was incredibly high and equally aggressive; it seems my first month's rent went straight up his nose.

The 48 hours following that is a detached blur with continued rape and violence until he finally passed out and I escaped. I hadn't even had the chance to unpack.

After I escaped, it took me about another 24 hours to fully understand that I had been raped. Let me try and explain why this was. If I think back to the space I was in during the assault, I was totally unprepared for the shock that came when I realized someone could be so cruel and violent, and so it was simply easier to deny that it was happening to me.

On top of this, I was confronted with the picture in my head of what rape was. Mine didn't look like movie rape. For starters, I couldn't even remember the first assault. I cannot emphasize enough how completely disempowering that is: to have no memory of being raped, to not have even been conscious for it, and the only other witness is your rapist and it's in his best interests to intimidate you, to discredit your growing anxiety, to tell you you're crazy and stupid and melodramatic.

It was only when I could get to safety, try and calm my fight-or-flight reaction, call Mum back home and tell her what had happened, that I finally allowed that realization to sink in: I had been raped.

After that, I was an efficient blur of action. I needed to get help. My first step was to find a crisis line. I never considered calling the police. At that point of crisis, I couldn't have handled someone asking me questions to clarify if it really was rape, and the only place I felt like I could have immediate assurance and belief was my local, non-profit community centre.

Calling up and saying those words, "Hi, I think I've been raped," opened a door to immediate action and support. The crisis worker was calm and efficient. I said I'd like to talk to someone and figure out my options, so she asked me if I could come to their safe location.

I let my crisis workers take care of everything. They gave me tea and snacks. They talked me through all my options. They drove me to the hospital and sat with me while the sexual assault nurse performed a physical exam, documented cuts and bruises, treated me for STIs, ran blood and urine tests and collected evidence for my rape kit. They checked that I had a safe place to stay and drove me there.

I went back to the centre every day that week and hung out or talked or met with other survivors in their safe house. In my first few weeks in the city, it was the only place I felt truly safe. It was an instant community.

Over the next two weeks, I started furiously advocating for myself. I talked out my legal options with my crisis line workers. I decided not to press charges at that point. Why not? I felt humiliated and ashamed. I felt

terrified that I couldn't remember the first assault. It would be my word against his.

At that time, I found it hard to understand why I never yelled no, never fought. During the rape, I left my body and decided the best way to protect myself was to be complicit until I could find a way to escape.

Now, through the healing I've done and the community I choose to surround myself with, I've learned that this is a very standard reaction to trauma, that I made the best choice for survival that I could. I've learned that this is incredibly courageous and that the Canadian legal system defines rape as the absence of yes, not the presence of no.

But ultimately, and perhaps ironically, although I had the strength to survive rape, I didn't have the strength to go through the long, fraught process of being a witness to this crime on my body.

My crisis workers at the centre presented third-party reporting to me as an option, and I decided to go with this. I wanted the police to have this man's name, address and contact details. I wanted them to have my report and to know what had happened. I liked that I was anonymous and that the crisis centre was my intermediary.

This brings me to my first recommendation: Develop and implement many justice pathways.

1700

The needs of every survivor are different, and the only needs I can talk about with total confidence are my own, so that's what I'm going to focus on here.

I didn't want to pursue my rapist through the court system. I didn't want him to have a jail sentence or a record for the rest of his life. I didn't want him to experience the sort of institutional violence that accompanies punitive punishment, not because I hold any sympathy for him but because that is simply continuing the cycle of violence. You do something wrong; you get punished for it. It's too basic and simplified for this type of crime, and I do not believe it would change rape culture.

I cannot say with confidence that he knew it was rape. This is what makes it so insidious and worrying. I think he believed that he had the right to do that to me. He told me that since I lived in his apartment, I was his property. I don't believe it occurred to him to procure my consent. I don't believe this even crossed his mind.

What do I want from a justice process? I want my rapist to understand why what he did was wrong. I want him to understand that he is a product of a wider culture that makes it possible for him to assume he had the right to do that to me. I want him to be held accountable for his behaviour from his family, his friends and his community. I want him to recognize the hurt and trauma he caused and then to put his energy into doing what he can to ensure positive change in his community. And I want his apology.

I'm interested in restorative and alternative justice for sexual assault, and there aren't many options. I've been involved in restorative justice in my home country, although for less serious crimes, and I've seen incredible things happen. The UK is currently trialing a restorative

justice process for rape and sexual assault, and the research is fascinating and positive.

So, in summary of this first recommendation, I would like to see a legal system where alternative forms of justice are survivor-centred, community-based and look to change culture, as well as hold a perpetrator accountable. I would also like to see information on third-party reporting more readily available to survivors, with rape crisis centres able to act as a third party.

Okay, that was a scary one. On to my second recommendation.

After filing my third-party report and finding a new temporary place to live, my next step was to get myself some counselling. In addition, I was also unemployed and job hunting and trying to start my new Canadian life. After quite a bit of research, I came across victim assistance funding. Positively, it covers counselling expenses. Negatively, it requires a police report. I tried anyway. I spent a couple of days filling in the form, linking it to my hospital records and the evidence collected there, and writing out the description of the rape. It was a long, harrowing process. I submitted it, and, of course, within days the question came back about why I hadn't reported to the police. I explained that I had made a third-party report and they said they would have to take it to the committee.

While I was waiting, I called around to try and find free counselling. The best I could find in the city had a three-month wait-list. Thankfully, I found a community centre offering a free weekly drop-in peer support group for survivors. This wasn't as ideal as one-on-one therapy, but it saved me in those first few lonely, stressed out, exhausted months.

After three months, the Victim Assistance Program got back to me with the decision that, after corroborating my report with the hospital and the rape crisis centre, it was more likely than not that I had been raped, and they granted me 20 hours' free counselling, renewable for another 20 hours after that. This was honestly a lifesaver. I found a therapist. I had a solid year of weekly therapy which helped me reach the place where I can support survivors today.

Throughout this process, I never once forgot my privilege. I want to acknowledge that although getting support was complicated and sometimes retraumatizing, I was able to make it work for me because I can speak English fluently. Although I was a newcomer, I had legal status in Canada. I had Internet and a cellphone. I had a family who were able to pay for my rent until I could find a job. I am cisgendered and able-bodied and fit the palatable stereotype of the nice, white, young woman. I'm good at filling in forms and navigating bureaucracy. I write well and can eloquently tell my story on a page. I have a clear knowledge of what my rights are. I know where and when to look for help.

This is a lot of privilege, and support for survivors should not be this difficult.

My second recommendation is that the provincial government explore the ways in which victim assistance funding for counselling can be made more accessible to

survivors who may not want to give a police report or do a rape evidence kit at the hospital or hold any of the privilege I listed above.

Now, on to my third and last recommendation.

Since surviving rape, my life path has taken quite a turn. I volunteer as a crisis line counsellor for Toronto Rape Crisis Centre/Multicultural Women Against Rape, TRCC/MWAR. I do three overnight shifts a month, from midnight until 8 a.m., sleeping lightly and waking up to be there for women, men and trans folk in crisis.

I run workshops for newcomer youth on sex education and healthy relationships at Planned Parenthood Toronto. Tomorrow, I'm speaking with 15 teenagers at a high school drop-in program about communication and consent.

I volunteer as a peer educator at the University of Toronto Sexual Education Centre talking to students about sexual identity, health and pleasure.

I spend my sunny weekends writing a submission for the Select Committee on Sexual Violence and Harassment in Ontario.

I don't get paid to do any of this work, even though it is all front-line, even though it is highly skilled, even though it is absolutely critical and necessary.

All of these places I volunteer at are anti-oppressive, safe spaces. They do not require ID. They do not care about past criminal records. They offer support in many languages from people who have been there themselves, from people who look like you, from people who understand and get it and really care. The services these places offer are almost always free and provide a safety net for all the women, men and trans who would usually fall through the cracks.

However, they also run on tiny budgets, with severely limited resources, staff and volunteer burnout, and no funding stability. As you heard this morning, TRCC/MWAR, the only rape crisis centre in the city and operating for 40 years, has five paid staff. PPT, Planned Parenthood, a huge, well-respected, international organization, has only a handful of paid educators. UTSEC at U of T has no paid staff at all.

The sad thing is that many of my fellow volunteers are survivors too. They, like me, are doing this work for free because we have first-hand knowledge about what happens if no one is there. We have personally experienced the violence, trauma and shame of rape culture, and we absolutely have to do something about it, even though it is unpaid with long hours and largely unrecognized outside of our communities.

This is not okay. To continue to allow so much of this work to happen on shoestring budgets, only funding one- or two-year projects, with such a huge volunteer workforce is to seriously devalue it.

My third recommendation is simply that community groups doing this work need to be better funded. This funding has to be consistent, ongoing and guaranteed. I believe that the places I volunteer at are creating positive change, but we could do it faster, wider and more effectively if we had more money.

So in response to this committee's mandate—preventing sexual violence and harassment, improving the response to survivors and shifting barriers that prevent survivors from coming forward—I make three strong recommendations: (1) develop and implement many justice pathways; (2) explore ways to make victim assistance funding more accessible to survivors; and (3) ensure more ongoing and guaranteed funding for rape crisis centres and sex education community groups.

Thank you very much for listening so respectfully. I now welcome your questions.

The Chair (Ms. Daiene Vernile): Thank you very much for sharing your story with us. Take a deep breath and lean back. Have some water. Our first questions for you are going to come from our Liberal caucus, from MPP McMahon.

Ms. Eleanor McMahon: Thank you, Cordelia. I wrote down three words while you were talking: courageous, articulate and fortunate. The last one is because the people you serve and help are very fortunate to have you.

Ms. Cordelia Huxtable: Thank you.

Ms. Eleanor McMahon: I found your presentation very moving. I'm sorry.

Ms. Cordelia Huxtable: That's all right. You're making me cry now too.

Ms. Eleanor McMahon: No, I'm sorry. I don't intend to do that. It's not about me, and I apologize; I'm being selfish, I'm sorry. But I did. I found your presentation very moving.

In your first recommendation, you talked about restorative justice programs. I wondered if you might talk to us—you referenced at the bottom of page 3 that you talked about this in your own country, New Zealand. I'm sorry, I thought you were from Australia.

Ms. Cordelia Huxtable: That's all right.

Ms. Eleanor McMahon: And I wondered if you might share with the committee what that might look like from your point of view, because that's really interesting.

Ms. Cordelia Huxtable: I was hesitant to write more specifically on this because the restorative justice I have been involved in has not been about sexual violence. It was a minor assault when I was a teenager, and the woman who assaulted me was too young to go through the court system. In the New Zealand system, it's called a family group conference, but I know Canada has similar things. It's like family circles.

It was awesome. Her whole family came along and my family came along. It was held in a marae, which is like an indigenous meeting house in New Zealand. For four hours we talked out everything. We ended with a lot of food. The best thing about it, though, was that her family hadn't realized what had happened and she hadn't realized the impact it had had on me until we could talk it out. From there, she did some community service. She had to check in with a crisis worker every month or so, and that was for six months.

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I know that sexual violence is a lot more serious than that. To be honest, I don't know what that would look

like. I don't even know what that would look like in my situation. I know that's post-prison, but that was something that sparked my interest, looking at sex offenders and talking about why they are doing this.

I was looking at the circles of support and accountability. I know that's post-prison, but that was something that sparked my interest, looking at sex offenders and talking about why they are doing this.

Sorry; that didn't feel very eloquent.

Ms. Eleanor McMahon: No, it was well done. Thank you.

Ms. Cordelia Huxtable: You're welcome.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions for you are from our PC caucus.

Ms. Laurie Scott: I was just going to maybe build on that topic also. We've heard consistently that the current process, for many reasons, some of which you experienced personally—and I thank you for having the courage to come forward to help us to try and navigate the system and make it better for victims. You did mention the UK currently looking at that. I don't know; I'm sorry, I missed a little part. Was that the question from MPP McMahon about whether you have been able to find out any more details of that restorative justice?

Ms. Cordelia Huxtable: In the UK?

Ms. Laurie Scott: Yes.

Ms. Cordelia Huxtable: It was honestly a quick Google search. There have been lots of articles about it recently.

Ms. Laurie Scott: Yes. It seemed like it was a little bit difficult—more difficult than I'd like to hear—to hook up with counselling. Do you have any suggestions on how we can make that better? What were the stumbling blocks? Was it a financial cause, do you think, that you didn't get it sooner?

Ms. Cordelia Huxtable: I know that because it's called crime victim assistance—the funding for counselling—it's tagged to a crime having to have happened. Of course, because in the system we have, a crime is only recognized if it's reported to the police; that's the biggest stumbling block. What about crimes that aren't reported for all the other societal reasons? Why are they not reported? How can the people who choose not to report crimes but still have had crimes done against them get funding? I don't know, but that's what I see as the biggest barrier at the moment. I don't know of any other funding that pays for counselling that isn't attached to crime reporting.

Ms. Laurie Scott: That's fair. Maybe I'll just ask research, if possible, if we could find out anything more about the UK example that was presented. That would be most helpful.

Ms. Cordelia Huxtable: Yes, they've just started it. It's brand new, and it's really exciting.

Ms. Laurie Scott: Okay. Thank you very much for bringing that to our attention. I did not know.

The Chair (Ms. Daiene Vernile): Thank you. Our final questions for you are from our NDP caucus.

Mr. Taras Natyshak: Thank you, Chair. If you'll indulge me, I just want to say: Bravo.

Ms. Cordelia Huxtable: Thank you.

Mr. Taras Natyshak: Your testimony is the reason that we're having this committee, and the recommendations that you've provided to us are exactly what we need to hear. On behalf of the committee, thanks for coming back. Thanks for having the courage to say, "I've got to do something here." It's serendipitous.

We have many questions. I don't like that somebody said "more likely than not." That makes me very sad.

Ms. Cordelia Huxtable: Thank you. That's really good to hear.

Mr. Taras Natyshak: After three months, the Victim Assistance Program—I'm going to ask that our committee look at that. We should not have to qualify it. It should be presumptive that if you're going there and you say that something happened to you, they shouldn't have to qualify you. My goodness, it shouldn't take more than a second to say, "Let's get this person some support."

I defer to my colleague for the remainder of the time. Thank you, Chair.

Ms. Peggy Sattler: Yes. I totally share everything that Taras just said. Thank you so much for coming today.

I had a question about the third-party reporting that you were able to do. I wasn't aware of that option. Who is the report made out to? Is it made out to the police? Does the perpetrator become aware that this report has been filed? Can you tell us more about that?

Ms. Cordelia Huxtable: Third-party reporting is when—in my case it was made through a rape crisis centre. It means that the rape crisis centre notifies the police that this person has been, for example, raped. They refer back; they say, "We've been anonymously told."

What happens is, if this person has a criminal record already, then that can be used in evidence. It can't be used in evidence, as far as I know, if that person rapes again and another woman reports it. The third-party report can't be used in that evidence, but it is often used if somebody wants to come forward anonymously and report about crimes going on in a particular area and would like the public to be aware, or the police to kind of watch the area or watch that person. It's like a heads-up, but it's anonymous. What happens is that someone needs to act as the third party. Often that might be a hospital sexual assault centre or a rape crisis centre, to say, "We have this information. Here is what happened, and it's about this person."

Ms. Peggy Sattler: Okay. Thank you very much.

The Chair (Ms. Daiene Vernile): Ms. Huxtable, we are very grateful that you came here today and you spoke to us. You have really helped to inform this committee, and many of your recommendations will be very seriously considered, so thanks again. We invite you, if you wish, to join our audience now.

EGALE CANADA HUMAN RIGHTS TRUST

The Chair (Ms. Daiene Vernile): We're going to call up our next presenters, our last presenters for today,

Egale Canada. Please come forward, and take the witness chair.

Mr. D. Ryan Dyck: Thank you, Madam Chair, and members of the select committee.

The Chair (Ms. Daiene Vernile): Make yourselves comfortable. You'll have 15 minutes for your presentation, and that will be followed by questions from our committee. Begin by stating your names, and start any time.

Mr. D. Ryan Dyck: My name is Ryan Dyck. I am the director of research policy and development with Egale Canada Human Rights Trust. With me today is Chandra McIvor, who is our resource and development coordinator. On the far right is Jane Walsh, who is interim manager of Egale Youth OUTreach, which I believe she'll chat a little bit about, as we get going.

We are here on behalf of Egale Canada Human Rights Trust. We are Canada's only national lesbian, gay, bisexual, trans, queer, questioning, intersex and two-spirit human rights organization, advancing LGBTQ human rights through research, education and community engagement.

We are a long-standing organization, having been around since about 1986, primarily focused on legal advocacy and litigation in the past, but in the past decade or so increasingly focused on education, community service and resource development. Much of our work, certainly in the past few years, has focused on issues of hate crimes and general violence and discrimination against the LGBTQ community, with a particular focus on trans and gender-variant people, which will be the focus of our testimony to you today.

I've included a bit of information about our organization in the package that is in front of you, which I won't go through in too much detail. Certainly, you can read through on your own.

I did want to quickly highlight some of the objectives of our testimony today, at which point I will pass it off to Chandra and Jane, who will speak through the recommendations that are in the package in front of you. We will probably only speak to the first five, but we have included 10 recommendations for your consideration.

Our four objectives today, first of all, are to highlight the fact that members of the LGBTQ2S community are at elevated risk for experiencing violence, in particular sexual violence and harassment, including intimate-partner violence; and, in addition, that members of the LGBTQ2S do experience elevated barriers in terms of accessing support services and in reporting experiences of violence and harassment.

Second, we want to highlight that the risk for sexual violence and harassment is increased for those with intersecting identities. In particular, we'll speak a bit to experiences of two-spirited aboriginal LGBTQ2S women and transgender women of colour.

Third, the need for trauma services provided by members of the LGBTQ2S community to the LGBTQ2S community is significant.

Finally, we want to highlight the need for safer-space training within mainstream, or non-LGBTQ2S, violence-against-women services generally.

With that, I am here, certainly, to address any questions regarding our organization and the work that we do, but I'll pass it off to my colleagues to speak specifically to our recommendations.

Ms. Chandra McIvor: Hello, everybody. Thank you again for having us and welcoming us. I'm going to start on page 3 of your package, if you'd like to meet me there.

Like my colleague has said, we do have 10 recommendations outlined. Depending on time, we'll likely just speak to the first five.

The very first one that I'd like to bring up is what we call safer-space training, with the acknowledgement that this is an ongoing professional development service that keeps up with research and innovative, creative things that are happening amongst categories of identity and gender etc. It is essentially the capacity-building amongst front-line workers, and the ability for LGBTQ2S persons to be able to report experiences of sexual violence and then find a safe space to be able to do so.

There is a significant need, as some of the statistics will show you. LGBTQ survivors of violence rarely go to the police, the courts or intimate-partner-violence shelters for support. We have a huge demographic that is not accessing the support services that already do exist for them, or when they do access those services, they're finding discrimination in doing so.

Part of that discrimination comes largely from homophobia and transphobia. We need the education for front-line workers and support service providers to be able to identify those types of systems of oppression and work to create safer spaces for persons who are reporting sexual violence and who do need to receive support in navigating these types of systems.

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Just on page 4, one of the objectives in providing this type of professional development service would be to increase the ability of LGBTQ communities to access discrimination-safe spaces to report sexual violence as well as access the support services. This is especially true for professionals who may be coming from rural communities or communities where there isn't a lot of exposure to or experience with same-sex partnerships, same-sex or same-gender common law, or with persons who are transgender or gender-variant. So there might be an increased need for this type of professional development in these smaller communities or communities where there may not be as much experience with gender-variant persons.

Ms. Jane Walsh: The delivery of services specific to transgender women really requires specific, sensitive service. Just to get a sense of that, the knowledge of ever-expanding categories of gender and identity beyond the gender binary—for example, gender-queer, agender, gender-fluid—requires specialized knowledge and training. Currently Ontario does not have a crisis counselling

or trauma counselling professional service which is able to meet the needs particularly and specifically for trans women who have experienced sexual violence or harassment. The point that is really important for you to understand in terms of the needs is that experienced counsellors in violence-against-women agencies, even LGBT counsellors, require specialized transgender safe-space training to provide safe, sensitive care to transgender women.

Ms. Chandra McIvor: To couple with the advanced training needed particularly to work with a demographic who are outside the gender binary, one of the recommendations we have made is number 3, which is to establish a crisis counselling and trauma counselling hotline which is accessible toll-free across the province. There we're looking again at getting past some geographical barriers to LGBTQ2S persons who do not reside in larger centres such as Toronto as well as getting past barriers of access to support services based on financial needs.

This hotline would be specific to transgender youth and adults who have experienced or are experiencing sexual violence, assault or harassment. Again, this goes back to the need for specialized and advanced training to work with this particular demographic in our population, especially considering their high levels of vulnerability and trauma.

The idea behind this hotline as well is that it would be staffed by persons who are from the transgender community themselves and have that type of experiential understanding of the needs of this particular demographic going through this particular experience.

Ms. Jane Walsh: Recommendation number 4 is funding to create and maintain a LGBTQ2S-specific legal service centre by the LGBTQ2S community for the LGBTQ2S community. What we are saying is, by the community, for the community, in the community.

A legal service navigating the legal system in cases particular to rape and sexual violence and assault is often fraught with heterosexual and cisgender structures and dynamics. As a result, we need people who are knowledgeable to represent survivors.

In specific cases where people have experienced intimate-partner violence, there is an increasing need for support in navigating the legal system specific to custody and access disputes and divorce proceedings for same-sex or -gender partners. I want to tell you that I'm also a parenting coordinator, and I have worked several times with lesbian lawyers who were afraid to enter the court system and were afraid to use the service of the Office of the Children's Lawyer. So I want you to really hear that: These are lesbian lawyers; these are women who should not be afraid of the court system. It's really important that this speaks to the need for the service that we are recommending.

This legal service centre could potentially partner with the crisis counselling hotline that we suggested and offer accessible legal advice to those who want to bring their abuser to justice. They could also potentially provide

networking services to connect survivors with legal assistance within other communities across the province.

This legal centre would include the services of LGBTQ2S mediators and parenting coordinators, which helps avoid going to court at all and is a much cheaper solution to a lot of custody and access disputes.

Mr. D. Ryan Dyck: Many of the recommendations that we've prepared for you are based on our experiences of having run a national organization for over 25 years—math is not my strong suit—since 1986. Much of it is experiential knowledge. You'll note that we've included a series of statistics in the front of your package. It's very limited and it doesn't speak directly to our communities, in many cases. What we've included is a lot of indirect indicators. That is because of the simple reality that the LGBTQ2S community is and has been systematically ignored in most research and service provision across our history. It is really only in more recent services, such as our crisis counselling centre—of which Jane is the interim manager—where we're starting to actually see targeted services looking at violence and harassment against LGBTQ2S communities.

That being said, we can certainly look at indirect indicators. We can look at our experiences with LGBTQ2S people across the country. We can go through the constant phone calls and walk-ins that we've received from community members on a regular basis, but we really don't have significant research or statistics or academic knowledge to present to you to verify the recommendations that we're putting in front of you.

I don't say it to undercut the veracity of the recommendations or the need therefor, but to highlight the need for research. One of the biggest inhibitors for us to implement these recommendations ourselves, as a community, is that we don't have the research. We don't have the academic evidence in order to make grant applications or to make more powerful submissions to a committee such as this.

For that reason we've included recommendation number 5, which is the specific funding and resourcing of research capacity relating to sexual violence and harassment against LGBTQ2S communities.

We have begun to do some. My colleague Barbara Perry, who is an expert in hate crime—we were fortunate enough to receive some funding to spend some time travelling across Ontario in particular, but also across Canada, speaking with LGBTQ people and, in particular, trans women with their experiences of hate crime. I will tell you that while that was a qualitative study, invariably people spoke of their experiences with sexual violence and harassment, the impact of that often being challenges with mental health and experiences of suicidal feelings—significant experiences throughout the community.

Certainly we've begun that process, but there is a significant need to continue it and to continue the concerted effort to obtain research. That is what we've attempted to highlight here in recommendation number 5.

The other thing that I certainly want to highlight in that is that beyond simple research around LGBTQ2S

communities, we know that in experiences of oppression, identity is not limited to one factor for each person. Certainly we're looking at the experiences of trans women of colour and aboriginal two-spirited women where we see, again, indirect indicators. But we know that the experience of aboriginal women with sexual violence and harassment is quite high. We know that the experiences of transgender women with sexual violence and harassment is quite high. If you are both aboriginal and transgender, we don't have that research but we can extrapolate that the risk for sexual violence and harassment will be even more elevated. So it's not just looking at general research, but really a significant capacity to look at intersecting factors such as race and ability and gender identity and expression is really quite significant and important.

Where are we at with time?

The Chair (Ms. Daiene Vernile): You have one minute remaining.

Mr. D. Ryan Dyck: I think at that point, unless you have something to finalize, we'll wrap it up and turn it over to questions.

The Chair (Ms. Daiene Vernile): Thank you very much for your presentation. Our first questions for you are from MPP Scott.

Ms. Laurie Scott: Thank you very much for appearing here. I don't mind if you want to finish up, if you want to take my time. It doesn't matter.

Ms. Chandra McIvor: No problem.

Ms. Laurie Scott: Are you sure?

Ms. Chandra McIvor: Yes.

Ms. Laurie Scott: Okay. I heard all you said, especially about a flexible court system. Is there anywhere that you could give a best practice? It just kind of helps evolve if we can look to see. The same with collecting research. How can we better move these issues forward? Anybody want to take a stab at that?

1730

Mr. D. Ryan Dyck: I can certainly speak to the research aspect; that would be my area of expertise. I think one of the more significant challenges that we have there in terms of collecting research that is meaningful and that can be applied rather than sit on a shelf or in a database that we don't have access to is putting an emphasis on community-based and participatory research, and looking at funding models that don't—my personal campaign: Most research funding goes directly to universities, with a requirement that community-based agencies are involved, but without any funding going directly to community-based agencies. So organizations such as ours are expected to participate in research, devote significant resources to research and then implement the research without any of the funding. Certainly, we would encourage you to look at research funding models that are more equitable in terms of valuing both experiential and academic knowledge, and valuing research funding models that provide resources for implementation.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions for you are from our NDP caucus.

Ms. Peggy Sattler: Yes, thank you very much for the recommendations. Despite the lack of research, you make a compelling case.

I appreciate the recommendation about the hotline which would be accessible across the province. Is it your view that LGBTQ2S people would be interested in using mainstream services if there was this safer-space training, or would they be more likely to access a hotline that was specifically for their community?

Mr. D. Ryan Dyck: I'd be happy to answer that. In our experience, I would use a comparator, because we don't have a lot of research specifically around sexual violence and access to hotlines. Certainly around suicide prevention or mental health hotlines, we do see that LGBTQ2S people will opt out of non-specific services. If they don't see themselves expressly represented, the assumption is that whoever's on the other line won't be prepared to respond respectfully and authentically. Quite often, we hear from people who will call a hotline and have to spend the first portion of it explaining their identity to the person on the other end—explaining what "trans" means before they can even get services, which can compound the trauma that one is already experiencing.

Ms. Jane Walsh: And Egale historically is a policy agency. We moved into front-line work because of the gap in service and people not accessing service. Right now, the Egale Youth OUTreach centre that responds to youth suicide and the high rates of youth suicide and homelessness is there because those young people will not access service, except in emergency rooms in Ontario, other than our service, which is very significant in terms of the cost.

I wanted to say that in terms of the legal model that you asked about, we were looking at an LAO model of a legal clinic—to the previous question.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions to you are from our Liberal caucus, from MPP McGarry.

Mrs. Kathryn McGarry: Thank you very much for your presentation. I just wanted to ask a couple of more details about your safer-space training. My questions would be: What's involved? How much time? What would it cost to do that training? Number two, would that training transfer to the hotline so that they could identify with whoever is on the other end of the phone?

Mr. D. Ryan Dyck: That's a large question. Certainly, we offer an array of different training services. Our goal would be certainly that anyone who is providing social services or crisis counselling services would be receiving this in pre-service: within the education system before they even get into doing the work.

Our training typically for educators, for example, will provide a full day of training as a 101, a basic understanding of terms and concepts and identities and then some basic steps in terms of creating safer and more inclusive spaces. We also offer longer two- or three-day training sessions. The cost certainly depends on quite a number of factors. I don't know if I can give you a quote on the spot, but—

Mrs. Kathryn McGarry: The timing helps. Would it transfer it over to a hotline situation?

Mr. D. Ryan Dyck: In terms of being applicable? Absolutely, yes.

Mrs. Kathryn McGarry: Just a quick question: Would that then transfer to the person on the other line, the person who was seeking the services? They would be able to identify that the person on the other end of the phone could address their situation.

Ms. Chandra McIvor: Basically, it's just increasing overall efficacy and capacity of whoever is responding to that person who is in a trauma or crisis position. When we talk about the capacity building, we are talking about first responders, so police officers, medical professionals.

We do need to acknowledge that there are a lot of—I particularly have experience working with trans youth and I do know of particular situations where a trans youth has been sexually assaulted, say, in a washroom situation. As we know, washrooms are very-high-danger places for trans youth. But because of the response they got from the police officer, they never filed a report, or because of the response they got from the medical professional, they never went through with actually obtaining care.

The capacity building in terms of the safer-space training we're talking about is with those persons, so that, when you are in a crisis, the person you're talking to or accessing at that moment will be better able to respond to you.

Again, yes, there would be transfer over to a crisis hotline. The way I see it is that those are two separate services; each does their own job in maintaining care and maintaining mental health and maintaining trauma counselling. When the event happens, there are first-line responders who need that training right away.

In terms of going back to your community and how do you handle that, how do you cope with the everyday, that's where the hotline, I think, would kick in and be really helpful in reducing instances of suicidality etc.

The Chair (Ms. Daiene Vernile): Thank you very much.

Ms. Jane Walsh: I can give you a quick example of one of our clients—or am I digging into the time?

I was working with a 20-year-old pregnant trans man with a very significant history of sexual assault and suicidality. The first time he went to Mount Sinai—very close to giving birth—he didn't have a very positive experience and I was very worried about what was going to happen. We provided training, as well as other LGBTQ organizations in the city. Mount Sinai, to their credit—my young client had a very positive experience

of giving birth, really quality care and very positive. So it's just amazing what a bit of training can do.

Mrs. Kathryn McGarry: A circle of care. Thank you very much.

The Chair (Ms. Daiene Vernile): We would like to thank you very much for coming here today, appearing before our committee and informing us of your group and the important work that you are doing. So thank you very much.

Ms. Chandra McIvor: Thank you, everyone.

The Chair (Ms. Daiene Vernile): Committee members, before we all scatter, I just have some information to pass on to you with regard to dates. We have some added and upcoming dates. If you can make note of this in your calendars, we are meeting Monday from 2 until 6 and next Wednesday, same as today, in the morning and again in the afternoon.

I know that MPP Scott would like to ask a question of our researcher.

Ms. Laurie Scott: Correct. I know when we were travelling in northern Ontario—and I can ask my fellow committee members if they can remember if it was Sudbury or Thunder Bay that had a court that combined, I think, the domestic courts with—

Ms. Peggy Sattler: Family.

Ms. Laurie Scott: Family Court, yes. Do you remember where that was? We were just wondering if we could get some researcher feedback on—I think that was—

Ms. Peggy Sattler: I think it was Sudbury.

Mrs. Kathryn McGarry: I think it was Sudbury too.

Ms. Laurie Scott: Sudbury? Okay, Sudbury seems to be the answer to this. So just to—

Ms. Erin Fowler: Background information on it.

Ms. Laurie Scott: And just to see how far along the project was and if that is possibly helpful to us in our committee.

The Chair (Ms. Daiene Vernile): Thank you. That concludes—oh, MPP McMahon?

Ms. Eleanor McMahon: Chair, can you repeat those committee times? I wasn't writing fast enough.

The Chair (Ms. Daiene Vernile): Yes. Monday, 2 until 6; Wednesday, same as today, 9 a.m. until 10:20 and 3:30 until 6 p.m.

Ms. Eleanor McMahon: Okay, great.

The Chair (Ms. Daiene Vernile): That concludes our hearings for today. We've certainly had a very interesting day today, haven't we committee members? We'll see you all next week.

The committee adjourned at 1738.

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

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